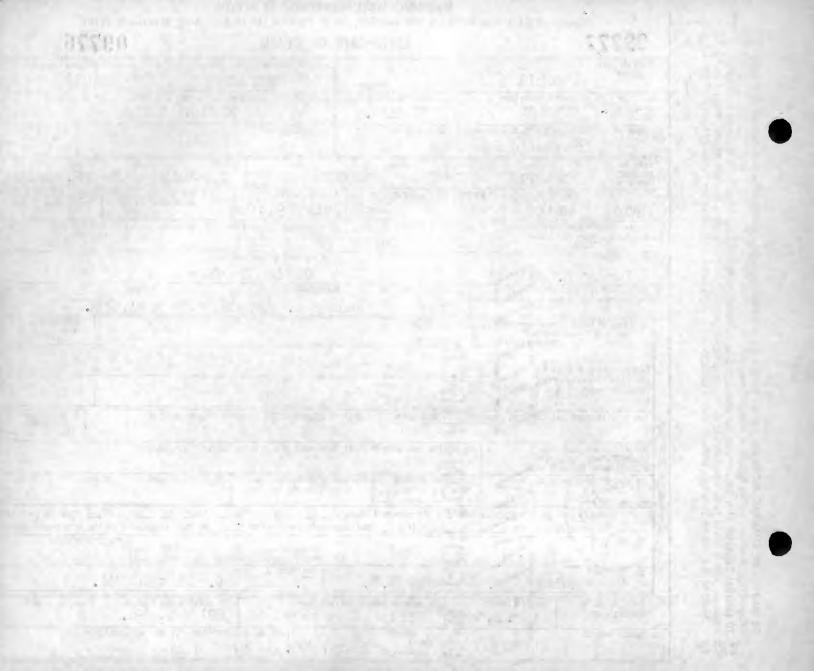
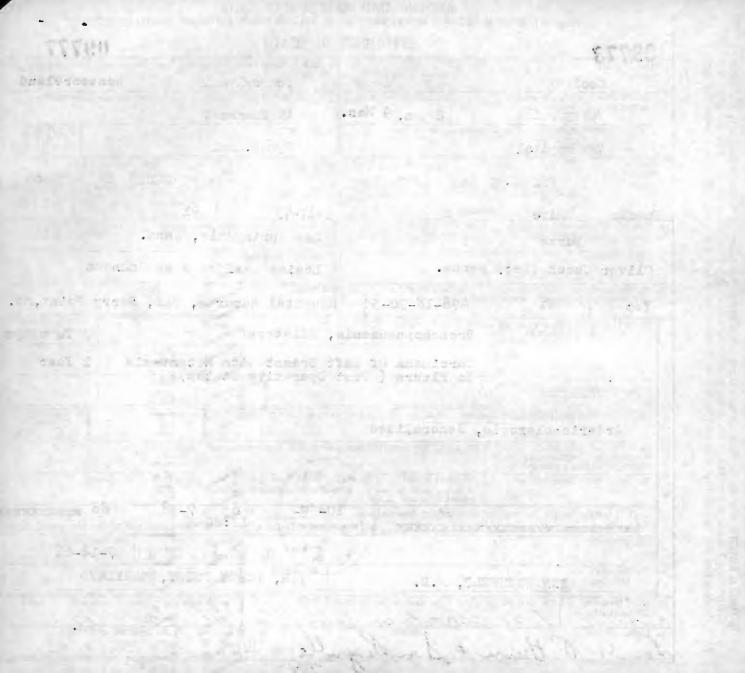
MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 haurs after death. by the funeral 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) PLACE OF DEATH o. COUNTY o. STATE Maryland b. COUNTY Cecil Cacil MARYLAND b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 Elkton 12 Hrs. campletely filled in sove carban papers. e. IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) H STREET ADDRESS event, within 72 Union Nospital NO T 3. NAME OF First Middle 4. DATE Lost Month Doy Yeor DECEASED OF DEATH July 30 ATWELL XX. CHARLES TIMOTHY 66 (Type or print) IE UNDER 1 YEAR S SEX 6. COLOR OR RACE **NEVER MARRIED** 57 8. DATE OF BIRTH 9. AGE (In years I IF UNDER 24 HRS. 7 MARRIED last birthdoy) July 29, 1966 White Male WIDOWED 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT 10o. USUAL OCCUPATION (Give kind of work done during most of working life, even if refired) COUNTRYZSA INDUSTRY Maryland None 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Oudia Thacker Danny E. Atwell IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unknown) (If yes give wor or dotes of service) Danny E. Atwell Elkton, Md. None 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) INTERVAL BETWEEN signed by the burial-transit p ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) attending physician. Conditions, if ony, which gove rise to immediate couse (a), DUE TO stoting the underlying couse the WAS AUTOPS PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) PERFORMED? NO O FUNERAL DIRECTOR: After this certificate the haspital or PHYSICIAN: 20o. ACCIDENT WAS UNDERLYING [20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20f. (City or town) 20c. TIME OF INJURY Month, Dov. Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (County) (Stote) foctory, street, office bldg., etc.) Not While of work be retained by 21. 1 certify that (I) (this haspital) attended the deceased fram SULV 29, 1966, to JULY 30, 1966, that (I) (wet last saw the deceased glive on JULY 30, 1966, and that death occurred at 16.4 M, fram causes and on the date stated obove. _, 1966, that (I) (wet last 22o. SIGNATURE 22b. DATE SIGNED M.D. DIRECTOR 22d. ADDRESS 22c. PHYSICIAN'S Najera, M.D. E. Main St. Elkton. NAME (Type) Rolando director, shauld b 230. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) Elkton, Md. TREMOVAL (Spenify) Aug. 2, 1966 Elkton Cemetery ADDRESS 25g. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR VR A15 (4) 20 M 1/66 Elkton, Md. DATE



MARYLAND STATE DEPARTMENT OF HEALTH



TO FUNERAL DIRECTOR: After this certificate has been signed by the attending they don and campletely filled in by the funeral director, page 3 should be detached far use as the burial-transit permit. Then pease remaye carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health priar to burial, crematian, ar remayal, and in any event, within 72 haurs after death

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death

Page 4 may be retained by the haspital or attending physician.

VR A15 (4) 20 M 1/66

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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1. PLACE OF DEATH o. COUNTY				0.	STATE	Where deceased live	d, if institutio b. COUNT	Υ		dmissi	in)
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write RURAL or	nd give neorest town)	115,				rtside corporate limit	IS, WITH KUKA	it and give i	INDIANT IC	3 WILL	
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	ERRY POINT,		,	d. Jir		WE 2			VEC	S RESID	RM?
3. NAME OF		First	Middle	<u> </u>	ROU'	4. DATE	Month		Dov	Yea	
DECEASED	CLINTO				1021	OF					
(Type or print) S. SEX	6. COLOR OR RACE	N. BROC	NEVER MARRIED	T R DATE	OF BIRTH	DEATH 9. AGE	(In years	IF UNDER 1 Y	YEAR TH	19 F UNDER	24 HRS.
MAIE	NEGRO	WIDOWED	DIVORCED		-3-94	lost	birthdoy)			Hours	Min.
	ON (Give kind of work don		IND OF BUSINESS OR			& State, or foreign co	2 yrs.	12. CITIZ	EN OF W	HAT	
during most of workin	g life, even if retired)		DUSTRY	- 1	HARFORI			COUN	U.S.		
FARMER 13. FATHER'S NAME	1			14. //	OTHER'S MAIDEN I			1	0.0.	n.	
JAMT	ES E. BROOK	S			AURA THO						
IS. WAS DECEASED EN	ER IN U.S. ARMED FORCES	? 116.	SOCIAL SECURITY NO.	17. INFORM		ALL DOM	Address	s			
(Yes, no, or unknown)	(If yes give wor or dotes		18180612	TEA	UOSDTWAT	जन्मकार	DOTAM	AF ADAT	T ARTES		
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PART I. DE	ATH WAS CALISED BY-		Monary Cong	action	and adam				PNSET	AND DI	EATH
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PART II. OTHER :	SIGNIFICANT CONDITIONS		TO DEATH BUT NOT RELATE				ART 1(o)		19. W/ PEI YES	AS AUTO REORME	DPSY ED?
OR CONTRIBUTIN	AS UNDERLYING G CAUSE OF DEATH Y MEDICAL EXAMINER)	205. DI	ESCRIBE HOW INJURY OCCU	RRED. (Enter no	oture of injury in I	Port I or Port II of i	item 1B.)				
20c. TIME OF IN	JURY Month, Doy, Year	While			JURY (Home, form t, office bldg., etc.)		or town)	(Count	ty)	(5	Stote)
21. I cert	ify that (i) this ha	spital) otten	ided the deceased fro	ama	2-7 , 1	9_66_, to	7-1-	, 19_6	6 that	Stated	ve) las
22o. SIGNATUR		A.	Lausm					22b. DATI			00010
	C			M.D. PH	ENDING CS.		STAFF PHYS.	7-	-1,-6	6	
22c. PHYSICIAN	.2			27	d. ADDRESS						
NAME (Typ	(e) C	E. LA	WSON, MD.		VAH, PEF	RY POINT	MARY	LAND			
230. BURIAL, CREMAT		HEREOF	23c. NAME OF CEMETER	RY OR CREMATE	DRY	23d. LOCATION	(City or Town	n) (C	ounty)	(St	tote)
REMOVAL (Specif		-6h	CLARKS CHA	PEL		KAIMT		HARFO		MI	2
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH after death, and PLACE OF DEATH 1. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) a. CDUNTY **b. COUNTY** a. STATE Cecil Cecil. MARYLAND CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c, CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b filled in by papers. Paginin 72 hours Pag Fronts Cecilton Rural Rural Cecilton d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? within M YES ND within npletely carbon p 3. NAME OF First Middle Last 4. DATE Month Day Year DECEASEO (Type or print) Mabel Burris DEATH July. 19 66 executed and cor emove any eve 6. COLOR OR RACE DATE OF BIRTH 7. MARRIED AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS NEVER MARRIED last birthday) Months Days Hours Female White WIDDWED DIVORCED [October 14.1901 64 10a. USUAL DCCUPATION (Give kind of work done physician and ph 9 10b. KIND OF BUSINESS DR INDUSTRY 11. BIRT HPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? certificate be during most of working life, even if retired) Md. U.S.A. Housewife. Home. Inen ply Then ply removal, 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Andrew Leybold Sarah Whitlock 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY ND. 17. INFORMANT Address has been signed by the attention as the burial-transit permits print to burial, cremation, or (Yes, me, or unkown) (If yes give war or dates of service) Elwood H. Burris Cecilton, Md. 21913 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). INTERVAL BETWEEN DNSET AND DEATH PART I. DEATH WAS CAUSED BY: O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the Page 4 may be retained by the hospital or attending physician. Arteriosclerotic Heart Disease IMMEDIATE CAUSE (a) year DUE TD Conditions, If any, which (b) gave rise to immediate DUE TO cause (a), stating the underlying cause last. CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY PERFORMED? 119. certificate h thed for use of. of Health ND YES 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH
(IF EITHER, NOTIFY MEDICAL EXAMINER) BE HOW MINITOCOURRED. (Enter nature of injury in Part I or Part II of Item 18.) **DIRECTOR:** After this certing 3 should be detached led with the State Dept. of MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY DCCURRED 20e. PLACE OF INJURY (Home, farm, (State) 20f. (City or town) (County) factory, street, office bldg., etc.) Hour a.m. Not While at work at work 66 to. August 21. I certify that (1) (this hospital) attended the deceased from... 19 July 1966 and that death occurred at 2 . O.M. from the causes and on the date stated above. saw the deceased alive on... 22a. SIGNATURE 22b. DATE SIGNED page MED. DIRECTOR ATTENDING STAFF M.D. FUNERAL PHYSICIAN'S director, p NAME (Type) Wallace Obenshain. M.D. Cecilton, Md. 21913 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) BURIAL, CREMATION, (State) REMOVAL (Specify) 2 Md. Galena, Kent Co: Tulv.7.1966 Galena Cemetery Burial FUNERAL DIRECTOR ADDRES 25a. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE VR A15 (4) DATE 20M 1/65

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 09781 CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) 1. PLACE OF DEATH b. COUNTY o. COUNTY o. STATE CECTI MARYI AND b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town)
Perry Point San Antonio mos d. STREET ADDRESS e. IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) VA Hospital YES NOX 3. NAME OF Middle Lost 4. DATE First Month Dov Year OF DECEASED July 24 Butler Carter 66 В. 19 (Type or point) DEATH 8. DATE OF BIRTH AGE (In years IF UNDER 1 YEAR 1F UNDER 24 HRS. S. SEX 6. COLOR OR RACE X 7. MARRIED NEVER MARRIED lost birthdoy) Months Hours 4 6 90 White Male WIDOWED DIVORCED 6 yrs. 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT 10o USUAL OCCUPATION (Give kind of work done 11. BIRTHPLACE [County & Stote, or foreign country) COUNTRY? during most of working life, even if retired) INDUSTRY U.S.A. Laborer Tacketts Mill. Va. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Umstead Butler Agnes IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. Address (Yes, no, or unknown) (If yes give war or dates of service) VA Hospital Records Perry Point, Md. 051-22-74-25 Yes INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6) Probable ventricular fibrillation. Conditions, if ony, which gove (b) Arteriosclerotic heart disease, severe vears rise to immediate cause (a). **DUE TO** stoting the underlying couse (a) Arteriosclerosis, generalized years last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? NO YES -20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Part II of item 18.) 20o. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) 20d. INJURY OCCURRED 20c. TIME OF INJURY Month, Doy, Year factory, street, office blda., etc.) Not While ot work at work 11 21 03.19 21. I certify that (P) (this hospital) attended the deceased from 19 that APPARAGE xonother account of the dots stoted obove. 22b. DATE SIGNED 220. SIGNATURE ATTENDING 7 24 66 DIRECTOR PHYS. PHYS. 22d. ADDRESS W. BERGMANN. VAH Perry Point. Md. 23c. NAME OF CEMETERY OR CREMATORY (Stote) (Comply) 25b. REGISTRAR'S SIGNATURE 25o. REC'D BY REGISTRAR

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Page 4 may be retained by the hospital or attending

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VR A15 (4)

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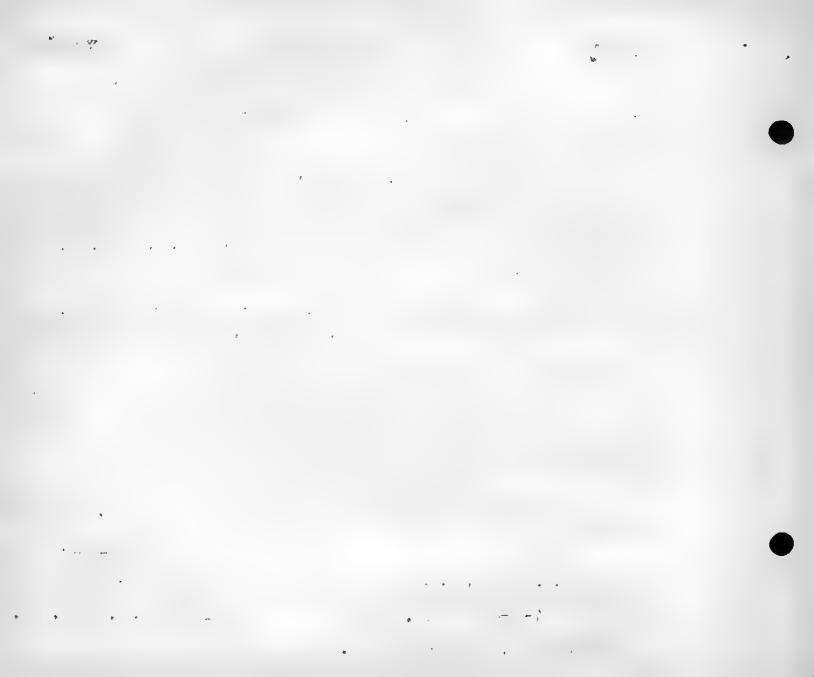
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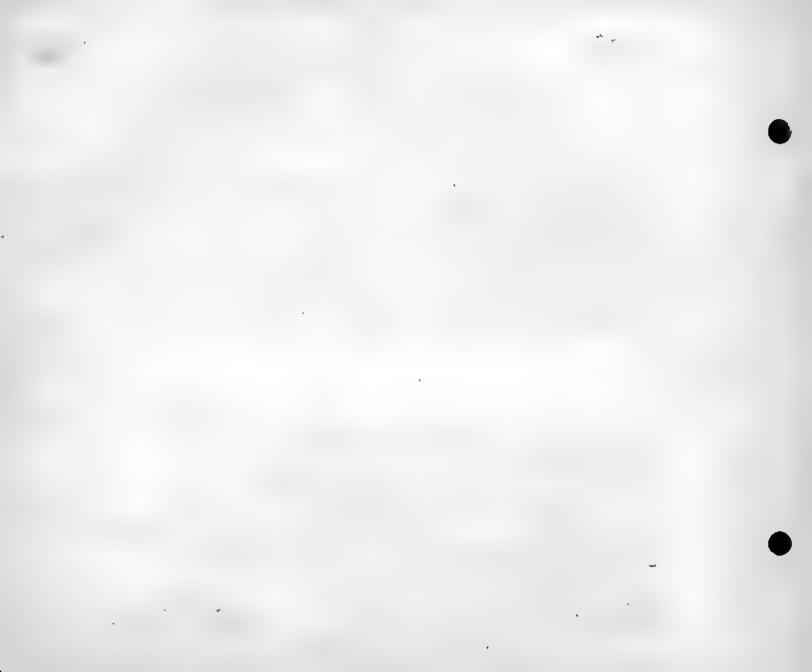
SPATE	Division		L RESEARCH AND RECOR				ORE 1, MAR	EYLAND
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			fnot in hospitel, give street eddress) tion Kospital	d. STREET ADDR	os Sanger	Avenue		e. 15 RESIDENCE ON A FARM?
Per l	NAME OF	First	Middle	Last	4. DATE	Month		YES NO X
	DECEASED (Type or print)	JULIUS	J.	CELANI	OF DEATH	7	6	1966
	MALE	WHITE	7. MARRIED NEVER MARRIED WIDOWED DIVORCED	8. DATE OF BIRTH 6-10-93	9.	AGE (In years last birthday) 73 yrs.	Months Deys	IF UNDER 24 HRS. Hours Min.
1	On. USUAL OCCUPATION of world of work	ION (Give kind of work rking life, even if retired	106. KIND OF BUSINESS OR INDU	Italy	tete ar fareign eaun	fry)	12. CITIZEN O	OF WHAT COUNTRY
1	3. FATHER'S NAME ANTHONY C	ELANI		14. MOTHER'S MAIC ROSA M	ORG ANTI	-		
1 (5. WAS DECEASED EVE	ER IN U.S. ARMED FORCE	16. SOCIAL SECURITY NO. 17 231–20–5736	Hospital Re	conds VAH	Address	Point	Mamrland
20E*	Conditions, if eny gave rise to Immedia (e), steting the uncause lest.	DUE TO (b) of couse nderlying DUE TO (c)	Multiple Hemorrha Multiple Fracture Fall from 4th St IONS CONTRIBUTING TO DEATH BUT	s of Ribs, F	elvic Bon	es & Le		19. WAS AUTOPSY PERFORMED? YES AUTOPSY
NOTE A CHARACT			DESCRIBE HOW INJURY OCCURR	D. (Enter nature of injury	in Pert 1 or Pert II of	item 18.)		
MEDICAL		19	While Not While et work et work	LACE OF INJURY (Home, ectory, street, office bldg.,	etc.j		(County)	(State)
	death resulted for actual signature EXAMINER'S			Homicio CHIEF MEDIC		etermined m	anner	DATE SIGNED
2	NAME (Type) 20. BURIAL, CREMATIO REMOVAL (Specify) [30219]	7-11-66 7-11-66				unty) ON (City, lown, Vers VE	or sounty)	-6-66 (Stele)
14 0 1	3. FUNERAL DIRECTOR	Mobile	DERESS		REC'D BY REGISTRA			Judge.



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH death requires that the death certificate be executed within 24 haurs after death 2 USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) icion and campletely filled in by the funeral ligise remave carban papers. Pages 1 and and in any event, within 72 haurs after deat PLACE OF DEATH o COUNTY 5 COUNTY o. STATE Cecil MARYLAND Frederick 34 years 8 mths,17 days c CITY OR TOWN (If autside carparate limits, write RURAL and give nearest fawn) b CITY OR TOWN (If autside corparate limits, write RURA, and give nearest tawn) Winchester mths,17 Perry Point d NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street oddress) d STREET ADDRESS e IS RESIDENCE ON A FARM? 506 Kerr Street VA Hospital NO XX YES 3 NAME OF Middle DATE First Last Month Day Year DECEASED Lohring J. Cooper July 19 66 DEATH (Type or orint) AGE (In years S SEX 8 DATE OF BIRTH 6 COLOR OR RACE 7 MARRIED NEVER MARRIED Months birthday) Days Hours Male White 12-19-94 WIDOWED DIVORCED 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or fareign country) 12 CITIZEN OF WHAT 10g JSUAL OCCUPAT ON (Give kind of work done COUNTRY? during most of working life, even if retired) INDUSTRY Farm Gore, Frederick Co., Va. 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Marshall Cooper Fannie Gill 17 INFORMANT Address IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. (Yes no or unknown) (If yes give war ar dates af service) VA Hospital Records, Perry Point, Md. INTERVAL BETWEEN 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) burial-transit Bronchopneumonia, Left Lung, Severe 50NSELANDIDEADE YE PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Page 4 may be retained by the hospital ar attending physician. O FUNERAL DIRECTOR: After this certificate has been signed by DUE TO Arteriosclerotic Heart Disease Unknown Conditions, if ony, which gave rise ta immediate cause (a). DUF TO stating the underlying cause as the Unknown Arteriosclerosis, Generalized 19 WAS ALTOPSY PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) far use NO YES 7. 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Part II af item 18.) 20a ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH detached f te Dept af l (IF EITHER, NOTIFY MEDICAL EXAMINER 20d INJURY OCCURRED 20e, PLACE OF INJURY (Hame, farm, (City or town) (Caunty) (Stote) 20c TIME OF INJURY Month, Doy, Year foctory, street, office bldg , etc.) of work 21. I certify that ANDREWS SON Mattended the deceased from October 29, 1931, to July 17, 1966, XDEX HIX DECEMBER 22b. DATE SIGNED 7-18-66 22a. SIGNATURE MED. DIRECTOR **ATTENDING** M.D. 22d ADDRESS 22c PHYSICIAN'S A.G. GILLIS, M.D. VA Hospital, Perry Point, Maryland NAME (Type) 23d LOCATION (City or Town) 23c NAME OF CEMETERY OR CREMATORY (County) (State) 230 BURIAL CREMATION. 235. DATE THEREOF 7-18-66 REMOVAL (Spetify) Winchester, Va. Mt. Hebron Fred. 25a. REC'D BY REGISTRAR 2Sb REGISTRAR'S SIGNATURE ADDRESS 24. FUNERAL DIRECTOR VR A15 (4) PERNINGTON & SON WHAVRE DE GRACE, MD. DATE 20 M 1/66

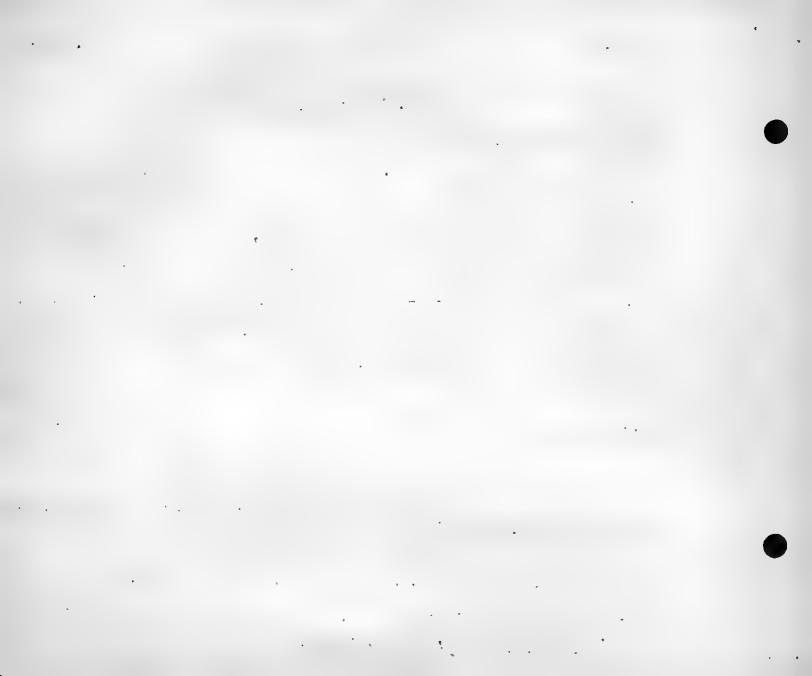


MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 09784 OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death y the funeral Pages Land PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY o. STATE b. COUNTY MARYLAND # b CITY OR TOWN (If outside corporate limits, r LENGTH OF STAY IN 15 c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) by the attending physician and campletely filled in by thransit permit. Then please remave carban papers. Pag cremation, ar removal, and in any event, within 72 haurs i write RURAL and give negrest town) ... Charles town d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d. STREET ADDRESS IS RESIDENCE ON A FARM? P. O. Box NO X YES NAME OF First Middle Lost DATE Month Day Year DECEASED ŌF leanor Type or print) 19 66 rouch DEATH S SEX 6. COLOR OR RACE 8. DATE OF BIRTH 7. MARRIED NEVER MARRIED AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS (Birthdoy) last Months Dovs Whit. Hours WIDOWED DIVORCED 100 USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 13 BIRTHPLACE (County & State or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) COUNTRY? Pennsylvania 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME Rebecca signed by the attending plantial-transit permit. There a burial, cremation, ar removed IS. WAS DECEASED EVER IN U.S. ARMED FORCES? INFORMANT (Yes, no or unknown) (If yes give wor or dotes of service) 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c)) INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY ONSET AND DEATH IMMEDIATE CAUSE (o) DUE TO Conditions, if any, which gove rise to immediate couse (a). DUE TO stating the underlying couse as the prior tal has been lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY PERFORMED? CERTIFICATION Health NO F the haspital ar this certificate nemia YES DO 20o. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) Dept. o 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Stote) Hour o.m. factory, street, office bldg., etc.) Not While of work ot work O FUNERAL DIRECTOR: After Page 4 may be retained by 21. I certify that (1) (this haspital) attended the deceased fram , 19 6c, that (1) (we) last 19 66 . ta 7-2 shauld filed with the 119 66, and that death accurred at \$50 MM, from causes and on the date stated above saw the deceased alive an 220. GNATURE 22b. DATE SIGNED ATTENDING PHYS. 7-2-66 M.D. DIRECTOR PHYS directar, page shauld be filed 22d. ADDRESS 22c. PHYSICIAN'S Barnhar NAME (Type) au Maryland DATE THEREOF NAME OF CEMETERY OF CREMATORY 23b. LOCATION (City or Joy (Stote) meteRu 25d, REC'D 8Y REGISTRAR REGISTRAR'S SIGNATURE VR A15 (4) 20 M 1/66



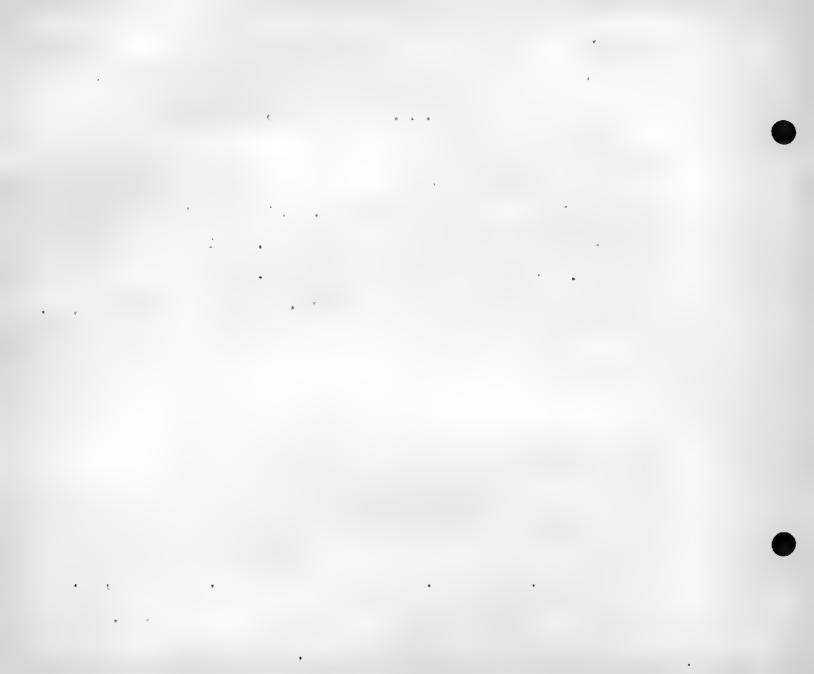
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE DF DEATH 2. USUAL RESIDENCE (Where deceased lived, It institution: Residence before admission) a. CDUNTY b. COUNTY a. STATE Cecil MARYLAND West Virginia b. CITY DR TOWN (if outside corporate limits, write RURAL and give nearest town)

Perry Point calength of STAY IN 16 c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) hours Wheeling filled in papers. d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) e. IS RESIDENCE d. STREET ADDRESS ON A FARM? event, within Veterans Administration Hospital NO 🔩 YES 1008 Lind Street etely carbon First Middle DATE Last Month 4. Day Year DECEASED CLAIRE M. DAVIS July 19 66 8 (Type or print) DEATH 6. COLOR OR RACE | 7. MARRIED | NEVER MARRIED 5. SEX DATE OF BIRTH AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. Last birthday) Months | Days | Hours | Min. and cor 1898 White Female WIDOWED / DIVORCED IX 1Db. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INDUSTRY 11. BIRT HPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT death_certificate be COUNTRY? Belmont, Ohio Housewife 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME remova Sheridan Davis (Deceased) Ethel Gillespie (Deceased) 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY ND. 17. INFORMANT (Yes, no, or unkown) (If yes give war or dates of service) Yes 277-12-0418 Hospital Records, VAH, Perry Point, Md. WWII 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN n signed by the burial-transit burial, cramat ONSET AND DEATH Bronchial Pheumonia, ConfluentanddTerminal PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a). 10 days Aspiration DUE TO Congestive Heart Failure 10 days Conditions, If any, which gave rise to immediate まっ **DUE TD** cause (a), stating the as th prior i underlying cause tast. CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY PERFORMED? YES 📆 NO T Diabetes Mellitus 6 20a. ACCIDENT WAS UNDERLYING DR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Part II of Item 18.) After this certif be detached for State Dept, of I | 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (State) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 2Df. (City or town) (County) DIRECTOR: After 1 age 3 should be de lied with the State Hour a.m. Not While at work at work 1965 to July 8 19 66, that the limit days 21. I certify that N (this hospital) attended the deceased from March 11 x warediscuted stated above. 22a. SIGNATURE 22b. DATE SIGNED MED.
DIRECTOR 7-8-66 M.D. FUNERAL PHYSICIAN'S 22d. ADDRESS TO FUNERAL director, p should be f NAME (Type) Toel Blancaflor, M.D. Perry Point. Md. 23d. LDCATION (City, town or county) 23a. BURIAL, CREMATION, 23b. DATE THEREDF NAME OF CEMETERY OR CREMATORY (State) REMOVAL (Specify) 1966 Buria] Belmont County Hol 25b. REGISTRAR'S SIGNATURE FUNERAL DIRECTOR 25a. REC'D BY REGISTRAR ADDRESS on Perry 1966 VR A15 (4) 20M 1/65



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 09785 CERTIFICATE OF DEATH 09786 The law requires that the deoth certificate be executed within 24 hours after death ond death 2. USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) PLACE OF DEATH scion ond completely filled in by the funeral pease remove carbon papers. Pages 1 and and in any event, within 72 hours after deat o. STATE Maryland o. COUNTY Cect 7 b. COUNTY Cecil. MARYLAND CLENGTH OF STAY IN 16 c CITY OR TOWN (If aytside carparate limits, write RURAL and give nearest tawn) b CITY OR TOWN (If outside carparate limits, write RURA, and give nearest town) North East Rural, D.O.A. Elkton e IS RESIDENCE ON A FARM? d NAME OF HOSPITAL OR INSTITUTION (if not in haspital, give street address) d. STREET ADDRESS Union Hospital NO 7 3 NAME OF Frst Middle Lost 4 DATE Month Day Year DECEASED OF 19 66 July 4 HAZEL LEE DILLOW (Type or print) DEATH IF UNDER 1 YEAR IF UNDER 24 HRS. S SEX 6 COLOR OR RACE 8 DATE OF BIRTH 9. AGE (In years 7. MARRIED **NEVER MARRIED** Months buthday) Haues White Female WIDOWED Feb. 19, 1912 DIVORCED 10a USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 13 BIRTHPLACE (County & State, or fareign country) 12 CITIZEN OF WHAT during mast of warking ite, even if retired)
Housewife COUNTRY? Wythe Co. Virgina 14. MOTHER'S MAIDEN NAME 13. FATHER S NAME Minnie B. Bateman William H. Stroupe 17. INFORMANT 15. WAS DECEASED EVER IN U.S. ARMED FORCES? North East, Mi. 16. SOCIAL SECURITY NO. signed by the ottendi buriol-tronsit permit. Luther G. Dillow buriol, cremation, or INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY: ONSET AND DEATH IMMEDIATE CAUSE (o) Page 4 may be retained by the haspital or attending physicion. DUE TO Conditions, if any, which gove rise ta immediate cause (a), DUE TO stating the underlying cause TO FUNERAL DIRECTOR: After this certificate hos been 3 should be detoched for use os the with the State Dept. of Health prior to 19. WAS AUTOPSY PERFORMED? PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) ma liture. NO YES 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20a ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER (City or town) (State) 20c TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (County) factory, street, affice bldg., etc.) at work attended the deceased fram 1-2, 1965, to 7-4, 1966, that (1) (we) last 6-23 1965, and that death accurred at 10:30 M, fram couses and on the date stated above. 21. I certify that (1) (this hospital) attended the deceased fram_ saw the deceased alive an. 22b. DATE SIGNED 22a SIGNATURE ATTENDING MED. DIRECTOR STAFF PHYS. M.D 22d. ADDRESS 22c. PHYSICIAN S NAME (Type) Jay S. Barnhart Jr. & Mauldin Ave. North East. Md. 230. BURIAL, CREMATION, REMOVAL (Specify) Burial 23d. LOCATION (City or Town) 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY (County) (State) North East, Md. 7/8/66 North East Methodist 2Sb. REGISTRAR'S SIGNATURE 25g, REC'D BY REGISTRAR 24. FUNERAL DIRECTOR Grant Funeral DATE rth East. 20 M 1/66 Mrl

MARYLAND STATE DEPARTMENT OF HEALTH



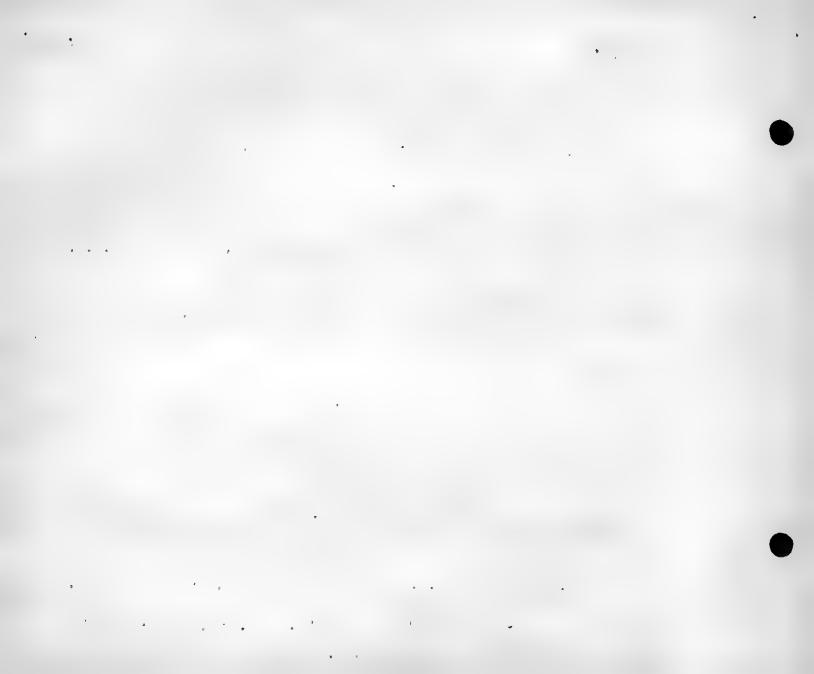
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARY CERTIFICATE OF DEATH OS787 PLACE OF DEATH death. funeral USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) a. COUNTY a. STATE b. COUNTY Cecil MARYLANO b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b Elkton Galena = d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Within Devine Nursing Home No 🕱 YES carbon 3. NAME OF First Middle Last DATE Month Year Day DECEASED (Type or print) DEATH Arthur Wallace Duhamell July 25 1966 and cor remove any eve 6. COLOR OR RACE DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. 7. MARRIED T NEVER MARRIED last birthday) | Months | Oays Hours OIVORCED | White November, 4, 1882 83 10a. USUAL OCCUPATION (Give kind of work done | during most of working life, even if retired) 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? þe INDUSTRY Building Construction Ret. Carpenter

13. FATHER'S NAME U.S.A. Md. certificate MOTHER'S MAIDEN NAME John Duhamell Lydia Hague 15 WAS DECEASED EVER IN U.S. ARMED FORCES? ed by the attend transit permit. cremation, or n 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unkown) (If yes give war or dates of service) death 213-14-1171 Galena, Md. 21635 Mrs. Katie Duhamell. 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH ed by transi PART I, OEATH WAS CAUSED BY: the hospital or attending physician. IMMEDIATE CAUSE (aChronic obstructive bronchitis vears signed been signe the burial-or to burial, DUE TO Conditions, If any, which (b) gave rise to Immediate OUE TO cause (a), stating the underlying cause last. CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(3) WAS AUTOPSY PERFORMED? Senility NO 😓 YES 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING OF CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Port I or Part II of Item 18.) etached f Dept. of MEDICAL 20c. TIME OF INJURY Month, Oay, Year 20d. INJURY OCCURRED 120e. PLACE OF INJURY (Home, farm, I (State) 20f. (City or town) (County) factory, street, office bldg., etc.) Hour a.m. Not While at work at work DIRECTOR: Af age 3 should led with the S 2 Jan 21. I certify that (I) (this hospital) attended the deceased from . 19_ 66 to_ 25 July19 66 that (1) (we) last _1966_, and that death occurred at 11 = 11 of, from the causes and on the date stated above. saw the deceased alive on. 22a. SIGNATURE DATEASIGNED page MED. OIRECTOR O FUNERAL director, pa should be fil PHYSICIAN' 22d. ADDRESS Wallace Obenshain. M.D. Cecilton, Md. 21913 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) BURIAL, CREMATION, 23b. DATE THEREOF (State) REMOVAL (Specify) July, 28, 1966 Galena. Md. Burial Galena Cemetery. Kent Co: 24. FUNERAL DIRECTOR ADDRESS 25a. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE 25b. VR A15 (4) DATEAU

FURME, INC., BELLIMORE, MUL SIDER

9 . 11. *

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH CS788 death. law requires that the death certificate be executed within 24 haurs after death. the attending physician and campletely filled in by the funeral sit permit. Then please responsitive tayban papers. Pages I and PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution, Residence before admission) a COUNTY Cecil o. STATE h COUNTY-Maryland ΜΑΡΥΙΑΝΠ b CITY OR TOWN (If autside carparate limits, c LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside carparate limits, write RURAL and give negrest town) write RURAL and give nearest tawn) van papers. Pag within 72 haurs Perry Point Seat Pleasant d NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d STREET ADDRESS e. IS RESIDENCE ON A FARM? 606 64th Place Veterans Administration Hospital YES NO T NAME OF First 4 DATE Last Month Doy Year DECEASED OF DEATH JOHN W. DYKES 26 19 66 July iny event) (Type or print) IF UNDER 1 YEAR | IF UNDER 24 HRS. AGE (In years S SEX 6 COLOR OR RACE 8. DATE OF BIRTH 7. MARRIED NEVER MARRIED ast birthday) Months Days Haurs WIDOWED DIVORCED 4-15-94 Male Negro 10a USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 17 BIRTHPLACE (County & State, or foreign country) 12. CIT ZEN OF WHAT and in during mast of warking life, even if retired) INDUSTRY **COUNTRY?** Cooksville, Maryland Chauffuer U.S.A 13 FATHER S NAME 14 MOTHER'S MAIDEN NAME Mary Unk Unknown 17. INFORMANT 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. Address (Yes, no, or unknown) (If yes give wor or dates of service) ь 220-34-9561 VA Hospital Records, Perry Point, Md. Yes crematian, INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line for (g), (b), and (c)) burial-transit DISET-AND DEATH PART I DEATH WAS CAUSED BY: Bronchopneumonia IMMEDIATE CAUSE (a) signed by 4200 DUE TO Arteriosclerotic heart disease Conditions, if any, which gave vears rise to immediate cause (a), DHE TO stating the underlying cause Page 4 may be retained by the haspital or attending TO FUNERAL DIRECTOR: After this certificate has been as the Arteriosclerosis, generalized last. vears PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES X NO far 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18) 20n ACCIDENT WAS UNDERLYING [7] OR CONTRIBUTING CAUSE OF DEATH of detached (IF EITHER, NOTIFY MEDICAL EXAMINER) (State) 20c. TIME OF INJURY Manth, Day, Year 20d INJURY OCCURRED 20e, PLACE OF INJURY (Home, form, (City or town) (County) Haur a.m. Not While factory, street, affice bldg, etc.) of work of work 21. I certify that (4) (this hospital) ottended the deceosed from Feb. 24 1961 to July 26 1966 thereinwester somethic decreases in the property of the stated above 22b. DATE SIGNED 22a SIGNATURE ATTENDING 7-26-66 M.D DIRECTOR PHYS PHYS director, page shauld be filed 22d ADDRESS 22c PHYSICIAN S GOLDARABEN, M.D. Hospital, Perry Point, Md. NAME (Type) VA 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 23a. BUR:AL, CREMATION (County) (State) Removal (Specify) ARLINGTON NAT'L CEM VIRGINIA RECD BY REGISTRAR REGISTRAR'S SIGNATURE 2\$o 24 FUNERAL/DIRECTOR 1966 Charles Juga VR A15 (4) Washington, 20 M 1/66 Home.



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 09783 PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death death. and 2 USUAL RESIDENCE (Where deceosed lived, if institution. Residence before admission) the attending physician and completely filled in by the funeral sit permit. Then plages remove carbon papers. Pages I and motion, or removal, and allowers, within 72 hours after deat I PLACE OF DEATH a. COUNTY District of Columbia Cecil MARYLAND c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 b CITY OR TOWN (If outside corporate limits, Perry Point 83 days Washington d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d STREET ADDRESS e. IS RESIDENCE ON A FARM? 1620 5th Street, N.W. Veterans Administration Hospital YES 🗍 NO X 3 NAME OF Middle 4 DATE First LOST Month Doy Year DECEASED OF DEATH 19 66 EDMONS TON P. July 10 ALBION (Type or print) 1 YEAR IF UNDER 24 HRS. 9. AGE (In years S. SEX 6. COLOR OR RACE 7 MARRIED **NEVER MARRIED** B. DATE OF BIRTH birthdoy) Months Hours 4-17-90 WIDOWED DIVORCED White Male 10a JSUAL OCCUPATION (Give kind of work done 11. BIRTHPLACE (County & State, or fore-gn country) 12 CITIZEN OF WHAT 106 KIND OF BUSINESS OR INDUSTRY TOUNTRY? during most of working life, even if retired) Jersey City, N. J. 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Evelyn (Unk) Robert Edmonston 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT 16 SOCIAL SECURITY NO (Yes, no, or unknown) (If yes give wor or dotes of service) 579-62-7798 VA Hospital Records, Perry Point, Md. INTERVAL BETWEEN 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).)
PART I. DEATH WAS CAUSED BY:

Bronchonnel signed by the buriol-transit p ONSEL SAN DESTH Bronchopneumonia IMMEDIATE CAUSE (o) physician. DUE TO 3 days Cerebral thrombosis Conditions, if any, which gave rise to immediate couse (o), DUE TO stoting the underlying couse attending as the hos been last 19 WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) for use NO I TO FUNERAL DIRECTOR: After this certificate Page 4 may be retained by the hospitol or 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 200 ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DEATH be detached (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) 20c TIME OF INJURY Month, Doy, Year Not While Hour o.m. factory, street, office bldg , etc.) 21. I certify that XIX (this haspital) attended the deceased from April 18, 19, 66, to July 10, 19, 65th at XIX (this haspital) attended the deceased from April 18, 19, 66, to July 10, 19, 65th at XIX (this haspital) director, page 3 should should be filed with the sew the deceased above and an the date stated above. 22b DATE SIGNED 220 SIGNATURE ATTENDING 7/12/66 DIRECTOR MD. 22d ADDRESS 22c PHYSICIAN'S VA Hospital, Perry Point, Md. NAME (Type) S. GOLDGRABEN. M.D. 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) 230 BURJAL CREMATION 236. DATE THEREOF (Stote) REMOVAL (Speaty)
Removal (Cremation) Washington, D.C. Lee Crematery 2So. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR
JARVIS FUNERAL HOME WASHINGTON. D.C. VR A15 (4) 20 M 1/66 14 1966

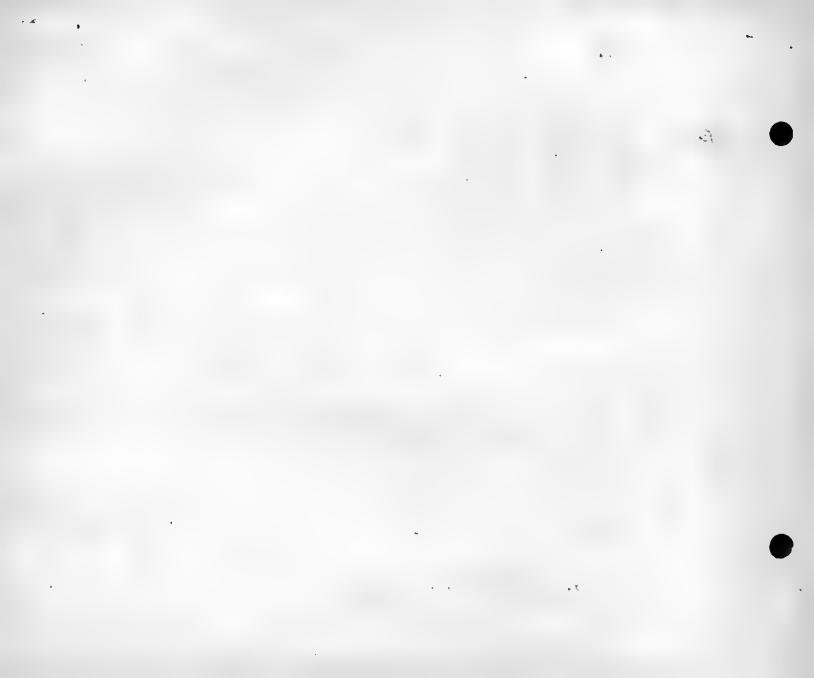
 $\mathcal{Z}_{(\lambda_{i},j),j,k+1,n}^{n,j,m,n}$

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 ain 24 hours

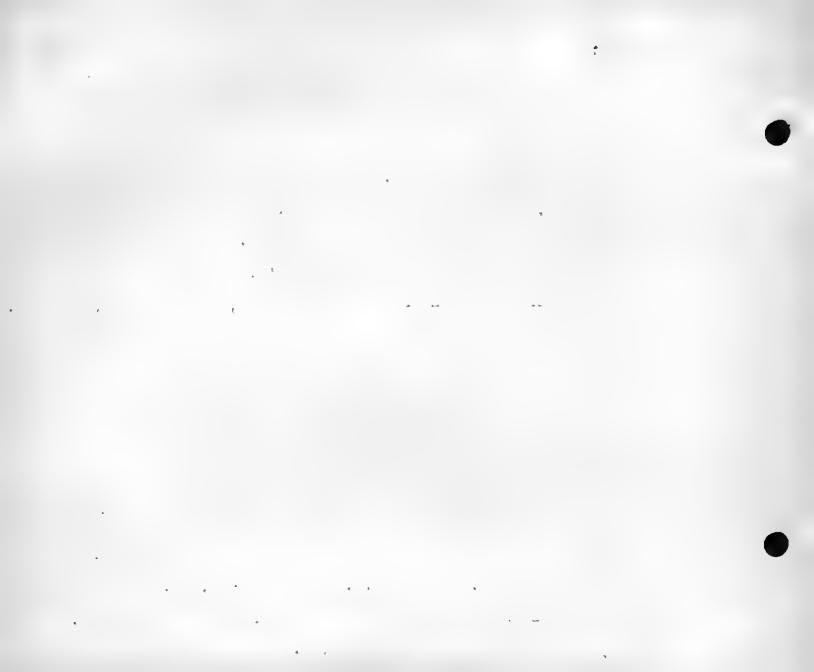
filled in by the funeral

refs. Pages 1 and 2. CERTIFICATE OF DEATH 09790 low requires that the deoth certificate be executed within 24 hours after deoth 2 USUAL RESIDENCE (Where deceased lived, if institution Residence before admission PLACE OF DEATH p. COUNTY b. COUNTY Cecil Maryland Cecil MARYLAND b CITY OR TOWN (If outside corporate limits, C LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give negrest town)
Perry Point Charlestown 14 days d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS IS RESIDENCE ON A FARM? VA Hospital 27 YES NO ZZ ve carbon event, with 3. NAME OF Middle DATE Lost Month Doy Year completely DECEASED Russell E. EVANS July 16 19 66 (Type or print) DEATH IF JNDER I YEAR IF UNDER 24 HRS. 5 SEX 6 COLOR OR RACE 8 DATE OF BIRTH 9. AGE (in years 7 MARRIED 30 **NEVER MARRIED** ove lost birthdoy) Months Male White Dovs 10 7 10 WIDOWED DIVORCED physicion and 10o USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11 BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired)

Laborer INDUSTRY COUNTRY? Cecil County, Maryland U.S.A 14 MOTHER'S MAIDEN NAME 13. FATHER'S NAME Elizabeth Everly Oscar Evans 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address permit (Yes, no, or unknown) (If yes give wor or dotes of service) 216 07 86 88 VA Hospital Records - Perry Point, Md. Yes 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) INTERVAL BETWEEN signed by the buriol-tronsit p ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Acute myocardial infarction IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove 1-2 Pulmonary edema, severe, bilateral davs rise to immediate couse (a), DUE TO stoting the underlying couse os the prior to be retained by the hospital or attending hos been last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED? Cerebral thrombosis 6 months ago with right paraplegia YES DOL NO this certificote 20b DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port I or Port II of item 18.) 20g ACCIDENT WAS UNDERLYING [1] OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e, PLACE OF INJURY (Home, form, (City or town) (County) (Stote) Hour a.m. foctory, street, office bldg., etc.) Not While 10 00 19 2 00 . 19 21. I certify that Af (this hospital) attended the deceased from_ xacches become of the control of the O FUNERAL DIRECTOR: 22b. DATE SIGNED 22o. SIGNATURE 7 17 66 M.D. DIRECTOR PHYS. director, page should be filed 22d, ADDRESS 22c PHYSICIAN'S NAME (Type) S. GOLDGRABELL, M.D. VA Hospital - Perry Point. Md. 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 23o BURIAL, CREMATION. 23b. DATE THEREOF (County) (Stote) -17-66 Cecil County, Maryland HopeWell Cemetery 24. FUNERAL DIRECTOR ADDRESS 2So. RECD BY REGISTRAR Perryville, Md. 20 M 1/66 DATE



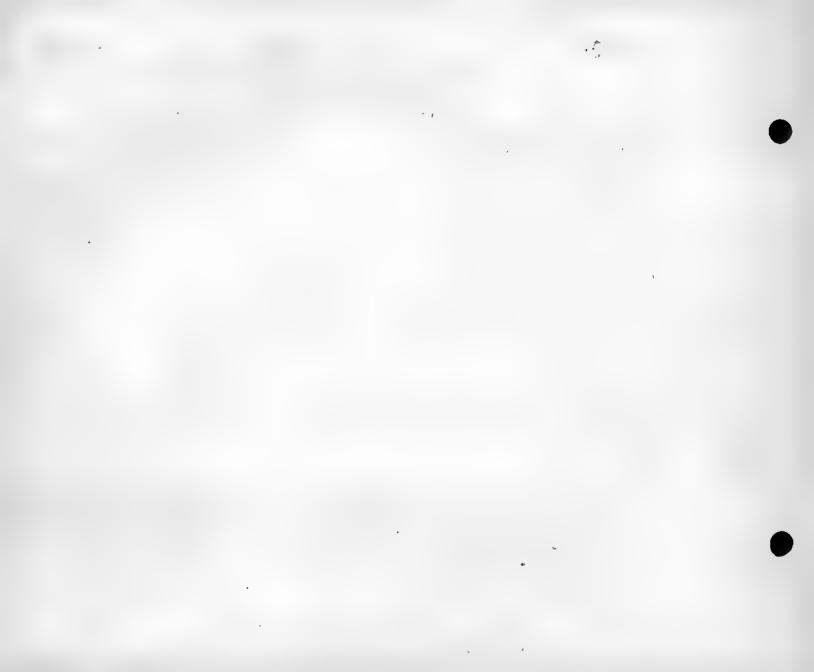
.1	DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON	STREET, BALTIMORE 1, MARYLAND
<u>8</u> 24	09791 CERTIFICATE OF DEATH	0.9790
ges and 2 affer death.	a. CDUNTY	(Where deceased lived, If Institution: Residence before admission b. COUNTY
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Maryland Maryland c. CITY OR TOWN (If out	tside corporate limits, write RURAL and give nearest town
		Deposit // o. is residence ON A FARM?
		YES NO
-	3. NAME OF First Middle Last 4 DECEASED (Type or print) Adeline N. Ewing	L DATE Month Day Year OF DEATH July 22, 19 66
/	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH	9. AGE (In years FUNDER 1 YEAR FUNDER 24 HR last birthday) Months Days Hours Min
	Female Cau WIDOWED DIVORCED May 5. 187	ty & State, or foreign country) 12. CITIZEN OF WHAT
	during most of working life, even if retired) House Wife 13. FATHER'S NAME 14. MOTHER'S MAIDEN	COUNTRY? USA:
	13. FATHER'S NAME 14. MOTHER'S MAIDEN Abram Null Rachiel	Redick
	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unknown) (If yes give war or dates of service)	Address
•	NO 216-46-4042 Muriel Ewing 18. CAUSE OF DEATH [Enter only one cause per line tof (a), (b), and (c).]	Port Deposit Maryland INTERVAL BETWEEN ONSET AND DEATH
i neatra pilos to natida, ciendation, or seguviar, and in any	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Chrome Myoc	ardites - 7.40
	Conditions, If any, which) DUE TD (1) Terro - Achard	ser 8 yrs
	gave rise to immediate cause (a), stating the DUE TD underlying cause last.	V
		PERFURMED
p de	PART II. DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISK 20s. ACCIDENT WAS UNDERLYING TO CAUSE OF DEATH OR CONTRIBUTING CAUSE OF DEATH OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	YES NO D
		, 20f. (City or town) (County) (State)
	20c. TIME OF INJURY Month, Day, Year Hour a.m. p.m. 19 19 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	0 4
	21. I certify that (I) (this hospital) attended the deceased from May - 5, 19 5	54, to Aday 22, 1966, that (1) (we) la E.M. from the causes and on the date stated abov
1	22a. SIGNATURE	22b, DATE SIGNED
J	22c. PHYSICIAN'S 22d. ADDRESS	PHYS. D July 2-3-65
	NAME (Type) Clarence I. Benson M.D. Port Depo	Sit, Md.
3	Burial 7-24-1966 West Nottingham Cem.	Colora, Maryland,
1	her 4 Sattesont for	DBY REGISTRAR 25b. REGISTRAR'S SIGNATURE 25 1966 Acharles Judge
,	Tec A. Patterson & Son. Perryville, Ma DATES UL	



MARYLAND STATE DEPARTMENT OF HEALTH



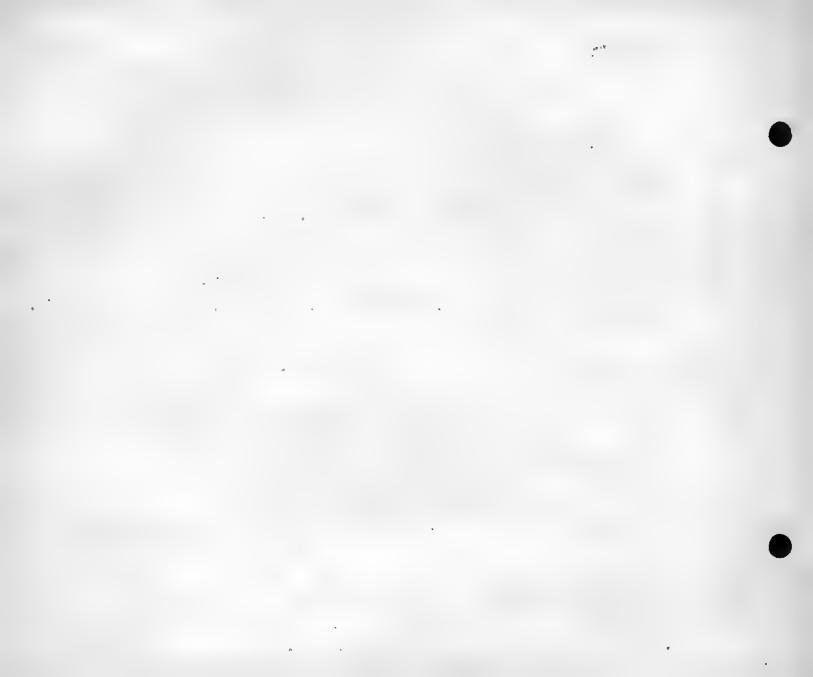
MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 09793 death. executed within 24 hours after death. filled in by the funeral papers. Pages 1 and PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence a. COUNTY o. STATE b. COUNTY lease remave carbon papers. Pages 1 and in any event, within 72 haurs after MARYLAND r LENGTH OF STAY IN 16 b. CITY OR TOWN (If outside corporate I mits. c CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) write RURAL and give nearest tawn) LEVILLE d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS IS RES DENCE NONE 17 NO 3. NAME OF Middle DATE Eirst 1 a st Month Day Yeou DECEASED OF DEATH BEN 19 6 (Type or print) S SEX AGE (n years 1F UNDER 1 YEAR 6. COLOR OR RACE DATE OF BIRTH IF UNDER 24 HR 7 MARRIED NEVER MARRIED last birthday) Days WIDOWED DIVORCED 10a USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY COUNTRY? attending physician sermit. Then please 13 FATHER'S NAME signed by the attending physi burial-transit permit. Then pl burial, cremation, ar remaval, 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO requires that the death (Yes, no, as unknown) (If yes give war or dates of service) 1B. CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c).) PART ! DEATH WAS CAUSED BY ARTERIOSCLEROSIS DUE TO Conditions, if any, which gave rise to immediate cause (a), DUE TO stating the underlying cause Page 4 may be retained by the hospital ar attending O FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached far use as the should be filed with the State Dept. of Health priar to last. PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(c) 19. WAS AUTOPSY PERFORMED? NO 20o ACCIDENT WAS UNDERLYING [205 DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm (City or town) (County) (State) Hour om. Not While factory, street, affice bldg., etc.) 21. I certify that (1) (this haspital) attended the deceased fram. 196, that (I) (we) last 19/00, and that death accurred at 10 12 M, fram causes and an the date stated above saw the deceased alive an 22a SIGNATURE 22b DATE SIGNED DIRECTOR 22d, ADDRESS 22c. PHYSICIAN'S NAME (Type) 23b. DATE THEREO 23c. NAME OF CEMFTERY OR CREMATOR) 23d. LOCATION (City or Town 23o BURIAL, CREMATION, (State) REMOVAL (Specify) CEMETERL FUNERAL DIRECTOR 2Sq. RECD BY REGISTRAR VR A15 (4) & TO N, ANDDATE JU FUNERAL 20 M 1/66



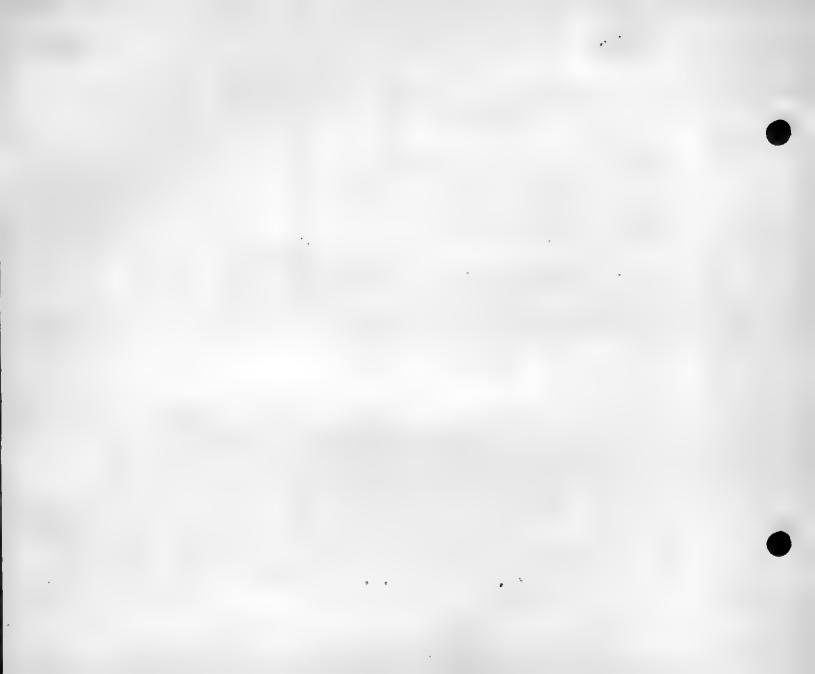
MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH ond 2 The law requires that the death certificate be executed within 24 hours after death. 2 USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) PLACE OF DEATH the ottending physician and completely filled in by the funeral sit permit. Then please remover cashon papers. Pages 1, and nation, or removal, and in any eyent, within 72 hours after destination, or removal, p. COUNTY District of Columbia b CITY DR TOWN (If outside corporate timits, MARYLAND c. CITY DR TDWN (If outside corporate limits, write RURAL and give negrest town) CLENGTH OF STAY IN 16 write RURAL and give negrest town) days Washington, D. C. Perry Point d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e IS RESIDENCE ON A FARM? Veterans Administration Hospita Knox Street. YES 🗔 NO To 3 NAME OF Mindle Lost 4 DATE Doy Year DECEASED FRAZIER 1966 NATHANTEL July 19 exent, (Type or print) DEATH SEX IF UNDER 1 YEAR | IF UNDER 24 HRS 6 COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years lost bethdoy) Months Dovs Hours 5-12-94 Male WIDOWED Negro DIVORCED 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 17 BIRTHPLACE (County & State, or foreign country) 12 CIT ZEN OF WHAT COUNTRY? during most of working life, even if retured)
Paper hanger INDUSTRY Washington, D. C. 13 FATHER'S NAME 14 MOTHER'S MAIDEN NAME (D) Mary Gains (D) William Frazier 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT Address (Yes, no, or unknown) (If yes give wor or dotes of service) 578-28-9402 VA Hospital Records, Perry Point, Md. 1B. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) INTERVAL BETWEEN signed by the burial-transit p PART I. DEATH WAS CAUSED BY: HONSEL AND DEATH Bronchopneumonia IMMEDIATE CAUSE (o). DUE TO buriol, Carcinoma of prostate gland w/wide-spread Conditions, if any, which gave 2-3 years rise to immediate couse (a), metastasis DUE TO stating the underlying couse Page 4 may be retained by the haspital or attending O FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached for use as the os the prior to lost. WAS AUTOPS PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) for use Health p YES K NO 2Do. ACCIDENT WAS UNDERLYING [2Db DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 2Dc. TIME OF INJURY Month, Day, Year 2Dd INJURY OCCURRED 2De PLACE OF INJURY (Home, form, (City or town) (County) (State) factory, street, office bldg., etc.) Hour o.m. Not While While ot work at work 21. I certify that 10 (this haspital) attended the deceased from June 2 , 19 66, to July 19 , 19 66, that file twelviost sow the deceased always and the date stated above 22b. DATE SIGNED 22o. SIGNATURE **ATTENDING** 7-19-66 director, page 3 should be filed v M.D. PHYS DIRECTOR PHYS 22d, ADDRESS 22c. PHYSICIAN'S VA Hospital, Perry Point, Md. NAME (Type) GOLDGRABEN. M.D. 23c. NAME OF CEMETERY OR CREMATORY 23o. BURIAL CREMATION 23d LOCATION (City or Town) (County) Burial (Specify) Arlington National Arlington, Virginia 2Sb. REGISTRAR'S SIGNATURE 2So. REC'D BY REGISTRAR 24. FUNERAL DIRECT Charles VR A15 (4) 1966 W. hing+ Stewart DATE 20 M 1/66



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 09795 requires that the death certificate be executed within 24 hours after death ond 2. USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) and campletely filled in by the funeral semaye carbon papers. Pages 1 and in any event, within 72 hours after deat 1. PLACE OF DEATH o COUNTY b. COUNTY o. STATE Cecil Marvland Cecil MARYLAND b CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c CITY OR TOWN (If outside carparate limits, write RURAL and give nearest town) c LENGTH OF STAY IN 16 Days Elkton IS RESIDENCE ON A FARM? d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS 242 West Main Street Union Hospital YES NO 7 DATE 3. NAME OF Middle Lost Month Doy Year DECEASED OF DEATH 19 66 GOREL July ARTHUR (Type or print) IF JNDER 1 YEAR IF UNDER 24 HRS. AGE (In years S. SEX B DATE OF B.RTH 6 COLOR OR RACE 7 MARRIED NEVER MARRIED lost burthday) Months Hours □ Sept. 26,1894 WIDOWED DIVORCED White Male 10o. USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12 CIT ZEN OF WHAT JSA JSA during most of working fe, even if retired) INDUSTRY Coal Elk Garden, Va. Miner 14 MOTHER'S MAIDEN NAME 13. FATHER'S NAME Margaret Clark Shannon H. Gobel 16 SOCIAL SECURITY NO 17. INFORMANT Address IS WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or Linknown) [(If yes give wor or dates of service) 233-07-2707 Mrs. Myrtle E. Gobel Elkton, Md. signed by the offer burial-transit parm burial, cremation, o INTERVAL BETWEEN ONSET AND DEATH CAUSE OF DEATH (Enter only one couse per line for (a), (b) and (c).) PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) Page 4 may be retained by the haspital or attending physician. DUE TO Conditions, if any, which gove rise ta immediate couse (o), DUE TO stoting the underlying couse **TO FUNERAL DIRECTOR:** After this certificate has been director, page 3 should be detached for use as the should be filed with the State Dept. af Health prior to PART IL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) WAS AUTOPS Y PERFORMED? NO T 205. DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port I or Port II of item 18.) 20a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) (City or town) (Stote) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (County) factory, street, office bldg., etc.) Not While of work of work 21. 1 certify that (1) (this bespital) attended the deceased fram_ 1962, that (I) (we) last and that death accurred at live M, from causes and an the date stated above saw the deceased alive ap_ 22b. DATE SIGNED 22o SIGNATURE MED DIRECTOR STAFF PHYS. ATTENDING M.D. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) 230 BURIAL, CREMATION, 23b DATE THEREOF BENOVA (Specify) Gilbin Manor Mem. Park Elkton. July 256 REGISTRAR S SIGNATURE 2So, REC'D BY REGISTRAR 24. FUNERAL DIRECTOR YR A15 (4) 20 M 1/66 Melanten

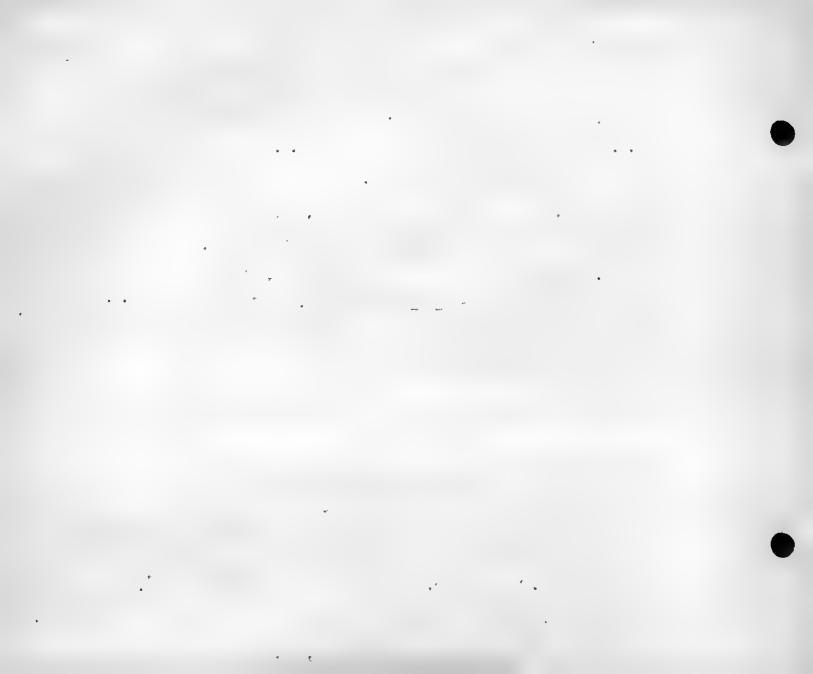


	DIVISION OF STATISTICAL RESEA		, 301 W. PRESTO		DRE 1, MARYLAND
	<u>C9796</u>	CERTIFICATI	E OF DEATH		(19795
3	PLACE DF DEATH a. COUNTY			E (Where deceased lived, If it b. COU	nstitution: Residence before admission
/	Cecil	MARYLAND	a. SIATE	and	Cecil
	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	C. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If	outside corporate limits, w	vrite RURAL and give nearest town
	Elkton	Life	North 1	East	/
	d. NAME OF HOSPITAL OR INSTITUTION (if not in ho	ospital, give street address)	d. STREET ADDRESS		e. IS RESIDENCE DN A FARM?
=	Union Tospital		Lown &	V C 44610 1 1 1 1 1	ailer Payest NDIX
ā.	NAME OF DECEASED (Type or print) Infant Boy		odyear	4. DATE Mon	Day Year 14 19 66
5.	SEX 6. COLOR OR RACE 7. MARRIED		B. DATE OF BIRTH	19. AGE (In years	IFUNDER 1 YEAR IFUNDER 24 HR
	Male White WIDOWED	DIVORCED	7/14/66	last birthday)	Months Days Hopes Min.
10	a. USUAL OCCUPATION (Glyakind of work done 10b. Ki	IND OF BUSINESS OR	11. BIRTHPLACE (Co	unty & State, or foreign count	ry) 12. CITIZEN OF WHAT
at	iring most of working life, even if retired)	IDUSTRY	Maryland	ī	U.S.A.
13	3. FATHER'S NAME	b	14. MOTHER'S MAID	EN NAME	
	Harry Goodyear, Jr	•	Parbara	Sue Smith	
0	5. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. (es., no., or unkown) (If yes give war or dates of service)	SOCIAL SECURITY NO. 17.	INFORMANT	Addr	ess
_	No	Ta	rry Goody	ear, Jr. Non	
	18. CAUSE OF DEATH (Enter only one cause per il	*****			INTERVAL BETWEEN ONSET AND DEATH OUTS
L	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	rematurity			7-nours
	776 X DUE TO				
	gave rise to immediate (b)				
	cause (a), stating the DUE TO underlying cause last.				
NO					
CAT					YES ND
CERTIFICATION	20a. ACCIDENT WAS UNDERLYING CONTRIBUTION CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ESCRIBE HOW INJURY OCCU	RRED. (Enter nature of	Injury in Part I or Part II	of Item 18.)
MEDICAL	20c, TIME OF INJURY Month, Day, Year 20d, II	facto	CE OF INJURY (Home, fary, street, office bldg., e	rm, 20f. (City or town)	(County) (State)
MED	p.m. 19 at work	MOT MULIO			
	21. I certify that (I) This hospital) attended	ed the deceased fromZ	/14/66,1		, 19, that (I) (We) las
	saw the deceased alive on	<u>19 66</u> , and that	death occurred at L	OASM, from the cause:	s and on the date stated above
	Man ail but	1	ATTENDING E	MED. STAFF PHYS.	7/15/66
	22c. PHYSICIAN'S	Com M.C	22d, ADDRESS		
	NAME (Type) James L. Jo	hnson M.D.	245 East	High St.,	Elkton, Md.
23	BURIAL, CREMATION, 23b. DATE THEREOF	23c. NAME OF CEMETERY		23d. LOCATION (City,	4.3
	REMOVAL (Specify) 7/15/66	Nonth East	Methodist	Gemetery,	North Best, Md
2	4. FUNERAL DECTOR	Charless	25a. RE	JUL 2 2 1866	REGISTRAN'S SIGNATURE
_	Hicks from Funers	als, North E	ast, Mar	- 17 17 17 17 17 17 17 17 17 17 17 17 17	

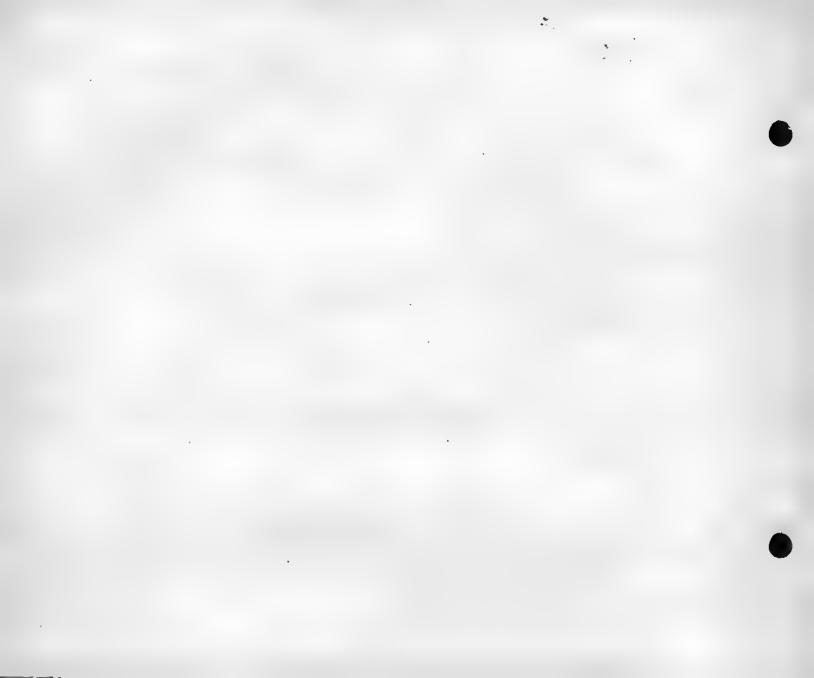


Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH PHYSICIAN: The low remaines that the meath certificate be executed within 24 hours after death attending physicion and completely mean. Pages I and Spermit. Then please remove carbon papers. Pages I and Spermit. The please removed 3nd in any event, within 72 hours after death 2 USUAL RESIDENCE (Where deceased lived, if institution. Residence before oam ssion) PLACE OF DEATH a COUNTY Cacil o. STATE Marvland b. COUNTY MARYLAND. b CITY OR TOWN (if outside corporate limits, c LENGTH OF STAY IN 16 c CITY OR TOWN (If autside corporate limits, write RURA), and give nearest town) Rural. North East 2냥 Rural. North East mos . d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS e IS RESIDENCE ON A FARM? R.D. 2 R.D. 2 YES NO X 3 NAME OF Middle 4. DATE First Last Month Dov Year DECEASED HUGH SR. HAMILTON JOHN July 18 19 66 (Type or print) DEATH S SEX 6 COLOR OR RACE 8 DATE OF BIRTH AGE (In years IF UNDER 1 YEAR | IF UNDER 24 HRS. 7. MARRIED IXI **NEVER MARRIED** birthdov) Manths Dovs Male Cau. Aug. 18. 1901 WIDOWED DIVORCED 10a USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11. BIRTHPLACE (County & State or fareign country) 12. CITIZEN OF WHAT during most of working life, even if retired) Civil Service COUNTRY? Chester. Penna. 14. MOTHER'S MAIDEN NAME 13 FATHER'S NAME burial, cremotion, or removal John H. Hamilton Mary E. Biddle TS WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes give wor or dotes of service) 16 SOCIAL SECURITY NO 17 INFORMANT Addres R.D. 2 signed by the attendir buriol-transit Lyda S. Hamilton 150-09-3799 North East, Md. 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) INTERVAL BETWEEN PART I, DEATH WAS CAUSED BY: ONSET AND DEATH Acute myocondia IMMEDIATE CAUSE (a) Page 4 may be retained by the hospital or attending physician. DHE TO ASCVD. Conditions, if ony, which gave rise to immediate cause (a), DUE TO stoting the underlying couse O FUNIRAL DIRECTON: After this certificate has been detached far use as the te Dept. of Health prior to PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) WAS AUTOPS'
PERFORMED? director, page 3 should be detached far use should be filed with the State Dept. of Health melliture 2 YES NO X peripheni Vocaulon 20a ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH 20b, DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Port II of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Hame, farm, 20f. (City or town) (Caunty) (State) foctory, street, office bldg., etc.) Hour o.m. Not While at wark at wark 7-15- 1966 to 7-15 21. I certify that (1) (this haspital) attended the deceased fram_ , 19<u>66</u>, that((I))(we) last 19 CM and that death accurred at 15 PM, fram causes and an the date stated above 7-15 saw The deceased alive an_ 22o. SIGNATURE 22b DATE SIGNED ATTENDING 7.18.66 DIRECTOR 22d ADDRESS 4 Mauldin Ave. 22c PHYSICIA S. Barnhart Jr. Jav North East. Md. 23c NAME OF CEMETERY OR CREMATORY North East Mothodist 23d LOCATION (City or Town)
North East 230 BURIAL, CREMATION 236, DATE THEREOF 7/20/66 (State) (County) BEMOYAL (Seecify) Cecil Md . ADDRESBOX 22 2So REC'D BY REGISTRAR 2Sb REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR
Grant Funeral Home North East, Mout JU

MARYLAND STATE DEPARTMENT OF HEALTH

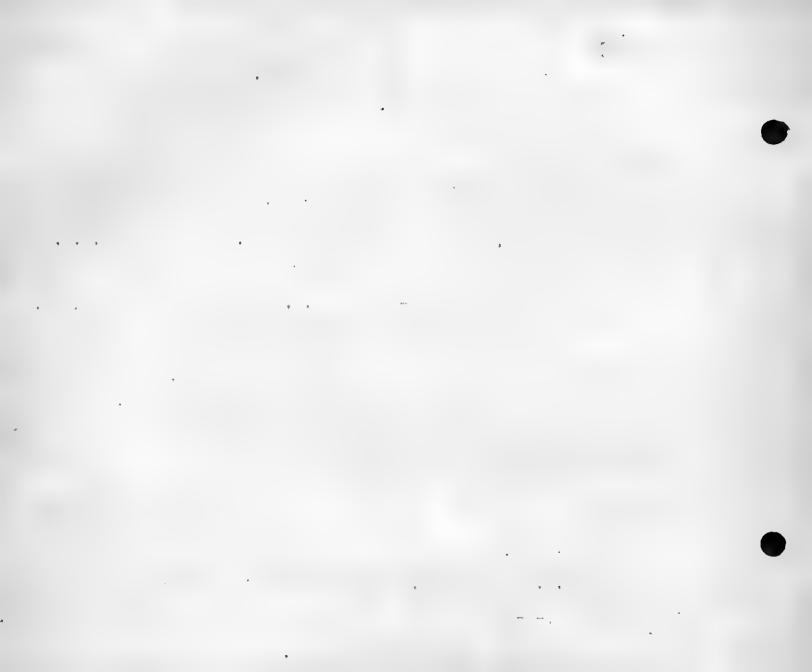


MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH be executed within 24 hours after death USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission PLACE OF DEATH o. COUNTY o. STATE Delaware **b.** COUNTY Cecil New Castle MARYLAND b. CITY OR TOWN [If outside corporate limits, r LENGTH OF STAY IN 1h c. CITY OR TOWN (If autside corparate limits, write RURAL and give nearest town) write RURAL and give nearest tawn) 5 days Newark e IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS Elkton Hospital (Union) 650 South College Ave. YES X NO Middle 3 NAME OF 4. DATE Doy Year DECEASED 7-31-66 Harry Wilson Harris (Type or print) DEATH JF UNDER 24 HRS IF UNDER 1 YEAR S SEX 6 COLOR OR RACE 8. DATE OF BIRTH 9. AGE (In years 7 MARRIED **NEVER MARRIED** 62 vis Male White WIDOWED DIVORCED 10-22-1903 11. BIRTHPLACE (County & State or foreign country) On USUAL OCCUPATION (Give kind of work done 106 KIND OF BUSINESS OR 12 CITIZEN OF WHAT during most of working life, even if retired) Public Schools Wilmington, Delaware PHYSICIAN: The low requires that the death certificate 14 MOTHER'S MAIDEN NAME 13. FATHER'S NAME signed by the attending paysi burial-transit permit. Then bi burial, cremotion, or removal, Henry W. Harris Elizabeth Lougheed 17. INFORMANT 15. WAS DECEASED EVER IN U.S. ARMED FORCES? Address 16 SOCIAL SECURITY NO. (Yes, now unknown) (If yes give wor or dotes of service) 221-07-9577 Same Vera L. Harris INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c) PART I. DEATH WAS CAUSED BY: ONSET AND DEATH IMMEDIATE CAUSE (o) **DUE TO** Conditions, if any, which gave rise to immediate couse (o), DUE TO stating the underlying couse director, page 3 should be detached for use as the should be filed with the State Dept. of Health prior to TO FUNERAL DIRECTOR: After this certificate hos been PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) WAS AUTOPSY PERFORMED? YES 🔀 NO 205, DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Port/II of item 18.) 200 ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20e PLACE OF INJURY (Home, form, (City or town) (Stote) 20t TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED (County) Not While foctory, street, office bldg .etc.) March, 1957, to 7-30, 1966, that (1) (we) last 21. I certify that (I) (this haspital) attended the deceased fram_ 19.66, and that death accurred at 4.7.5M, fram causes and an the date stated above. saw the deceased alive an_ 22b. DATE SIGNED 220. SIGNATURE MED. DIRECTOR STAFF PHYS. 22d, ADDRESS 22c. PHYSICIAN'S NAME (Type) Will ford Eppes 327 E Main St. Newark, Dela 23d LOCATION (City or Town) 23c NAME OF CEMETERY OR CREMATORY 23b. DATE THEREOF (County) (Stote) 230. BURIAL, CREMATION, BREMOVAL Specify) 8-3-66 Silverbrook Cemetery Wilmington, Delaware. Narwick, Newark, Dela. 2So REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE VR A15 (4) AUG 1956 DATE 20 M 1/66



	DIVISION OF STATISTICAL RESEA	ARCH AND RECORDS		H F, BALTIMORE 1, M	ARYLAND
	00700	CERTIFICATI	E OF DEATH		09798 -
1.	PLACE OP BRITH a. COUNTY	54 - DAY 44/6	2. USUAL RESIDENCE (Where dec	L ADURETY	esidence before admission)
_	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corp		
	write RURAL and give nearest town Port Deposit Rural d. NAME OF HOSPITAL OR INSTITUTION (IF not in he	30 yrs.	Port Deposit	Rural	e. IS RESIDENCE
_	d. AAME OF HOSTITAL OR HISTITION (II NOT IN III	uspitai, give street address/			ON A FARM? YES NO X
3.	DECEASED	Middle	Last 4. DATE OF DEATH	Month	Day Year
5.	(Type or print) Eliza An	NEVER MARRIED 1 8	B. DATE OF BIRTH 9.	AGE (In years IFUNDER	
I	Semale White WIDOWED	DITOROLD	July 20,1886 75	yrs.	Days Hours Min.
_	ring most of working life, even if retired)	IND OF BUSINESS OR NDUSTRY	11. BIRTHPLACE (County & State,) 00	DUNTRY?
13	iousewife Ret. O	wn Home	Wythe Co. Vin	ginia i u	·S.A.
	Creed Parks		Sarah Wisley		
15 (Y	es. neor unkown) ((f yes give war or dates of service)		INFORMANT	Address	
=	18. CAUSE OF BEATH [Enter only one cause per-		r J.W. Havens	Port Depos	I INTERVAL RETWEEN
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	rebro -4	Scolo- Acci	Cont	ONSET AND DEATH
	4 3/ DUE TO A	6-12.00/	X. Conford	acol die	10-
	gave rise to immediate (b)				
	cause (a), stating the DUE TO underlying cause last.	5.61. At.	-/- 5ho-527	150 m./	142.
CERTIFICATION	PARTIL OTHER SIGNIFICANT CONDITIONS CONTRIBU	JTING TO DEATH BUT NOT RELA	TED TO THE TERMINAL DISEASE CONI	DITION GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED?
JEIC/	YES NO X				
	20a. ACCIDENT WAS UNDERLYING 20b. (OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	SEJONIDE NON INJON OGGO	inces ferror narrie of mint in to	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,
MEDICAL.	20c. TIME OF INJURY Month, Day, Year 20d. I Hour a.m. While p.m. 19 at work	Not While factor	CE OF INJURY (Home, farm, 20f. (ry, street, office bldg., etc.)	City or town) (Cou	inty) (State)
_	21. I certify that (I) (this hospital) attended		19 8, to	7- 5 196	that (I) (we) last
	saw the deceased alive on 22a. SIGNATURE	19 <u>6</u> C_, and that	death occurred at M, fro	m the causes and on t	he date stated above. ATE SIGNED
_	() Kenther C	M.D	ATTENDING MED.	STAFF D 7/8	166
	226. PHYSICIAN'S NAME (Type) G.H. Richard	s Jr.	Port Deposit	Md.	
23		23c. NAME OF CEMETERY		CATION (City, town or con	unty) (State)
1	Burial 1-7-1-300	New Bridge			cil Co. Md
Q! L	UNERAL DIRECTOR,	ADDRESS	25a. REC'D BY REGIS		rles Judge
	101	Rising Su	m Md PATE		1

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LIVA	MARYLAND STATE DEPARTMENT OF HEALTH COLVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
	CSSOO CERTIFICATE OF DEATH 09799
deat	PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased fixed, If Institution: Residence before admission) a. COUNTY
ter ter	Cecil MARYLAND Cecil
	b. CITY DR TOWN (if outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town)
	Port Deposit, NS. T. 50 vrs. Port Deposit Pural
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM?
` =	Jackson Park Road Jackson Park Road YES NO NO NO NO NO NO NO N
3	AMAKE DF First Middle Last 4. DATE Month Day Year DECEASED (Type or print) DORODDY AMY HULL DEATH TUTY 4 1966
-	
Ι.	last birthday) Months Days Hours Min.
1	Os. USUAL OCCUPATION (GIVE kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or Toreion country) 12. CITIZEN OF WHAT
٥	uring most of working life, even if retired) INDUSTRY COUNTRY? Housewife New Jersey USA
	Housewife New Jersey USA 3. FATHER'S NAME 14. MOTHER'S MAIDEN NAME
н	Thomas Weatherby Anna Davis
	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address Yes, no, or unknown) (If yes give war or dates of service)
	No None Clyde A. Hull, Port Deposit, Md.
	18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).]
	PART I. DEATH WAS CAUSED BY: Brol Doscolare Accident ONSE AND SCOLARE ACCIDENT
	DUE TO SOL & PARTS 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.
ı	conditions, if any, which gave rise to immediate (b)
	cause (a), stating the put to cause fast, (c)
3	
İ	PERFORMED? YES \ \ \ ND \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
MOTTO	2Da. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part 11 of Item 18.)
TO COLONIA	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) Hour a.m. While Not Wh
1	
	21. I certify that (I) (this hospital) attended the deceased from 1976, to 1976, to 1976, that (I) (we) last
	saw the deceased alive on 196 and that death occurred at 6 M, from the causes and on the date stated above.
ı	M.D. PHYS. DIRECTOR PHYS. 7/4/66
	22c PHYSICIAN'S 22d. ADDRESS
	NAME (Type) G. H. Richards, Jr., M.D. Port Beposit, Md.
2	3a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State)
	Burial 17/7/1966 Hopewell Cemetery Port Deposit Nd.
	24. FUNERAL DIRECTOR ADDRESS 252. REGISTRAR 250. RE
	Lea- D. Vitteran & Jan
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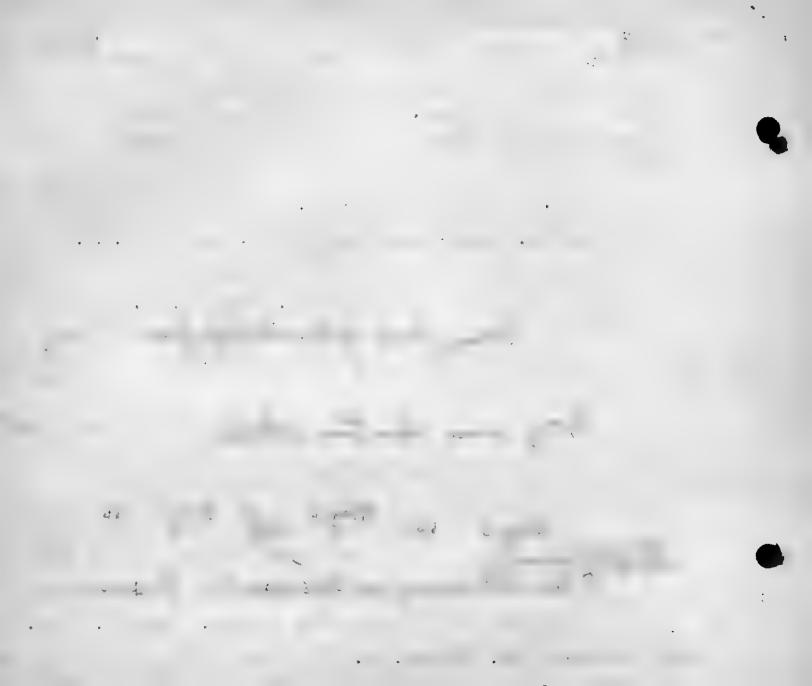
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINE DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution, Residence before admission) is necessary, I director. Page for your files. a. COUNTY a, STATE **b.** COUNTY ₽ MARYLAND Department b. CITY OR TOWN (if outside corporeta limits. e. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) for your ONTH d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) d. STREET ADDRESS . IS RESIDENCE to the funeral ON A FARM? UNION retained with the State 72 hours after YES NOT 3. NAME OF Mid dle Day Year DECEASED OF DEATH (Type or print) COLOR OR RACE 7. MARRIED NEVER MARRIED 9. AGE Un STIF UNDER 1 YEAR IF UNDER 24 HRS may Months Days Hours 2, as 3 s and and within WIDOWEDA DIVORCED 10a. USUA OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY Page done duzi host of working life, even if retired) Give Pages 1 14. MOTHER'S MAIDEN NAME She y form WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. ,5 Address 00 (Yes, no, or unkown) [(If Yes give werer detes of service) with pue in Item 18. CAUSE OF DEATH (Enter only one sause per line for (a), (b), and (c). INTERVAL BETWEEN Office along remova **burial-transit** ONSET AND DEATH PART I, DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) in pencil **DUE TO** certificate should ö Conditions, if any, which cremation, "pending" gave rise to immediate cause ď Medical Examiner's DUE TO as (a), stating the underlying gause last. be used PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(+) 17. WAS AUTOPSY CERTIFICATION burial, PERFORMED? word NO t should 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of Injury in Part I or Port II of item 18.) 20s. EXTERNAL CAUSE WAS writing the very earlief Medi 2 PRIMARY | or CONTRIBUTING OR: Page 3 sh agent, prior t CAUSE OF DEATH. 20d. INJURY OCCURRED 20s. PLACE OF INJURY IHome, farm. (County) 20c. TIME OF INJURY Month, Day, Year 20f. (City or lown) (State) factory, street, office bldg., etc.) While Not While be forwarded to the should be forwarded to the PUNERAL DIRECTOR: P al work at work 21. I certify that I took charge of the remains described above, held an Autopsy Inspection Inquiry and in my opinion designated death resulted from: Natural causes Suicide Homicide Undetermined manner Accident CHIEF MEDICAL EXAMINER BATTURE. ASSISTANT MEDICAL EXAMINER DATE SIGNE 20 15 EXAMINER'S NAME [Type] TO PL. Health Address (Street, city, town, or cold 22a, BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, lown, or county REMOVAL (Specify) 4 DIRECTOR **ADDRESS** 24a. REC'D BY REGISTRAR I 24b. REGISTRAR'S AGNATURE VR A15ME SM 1/63



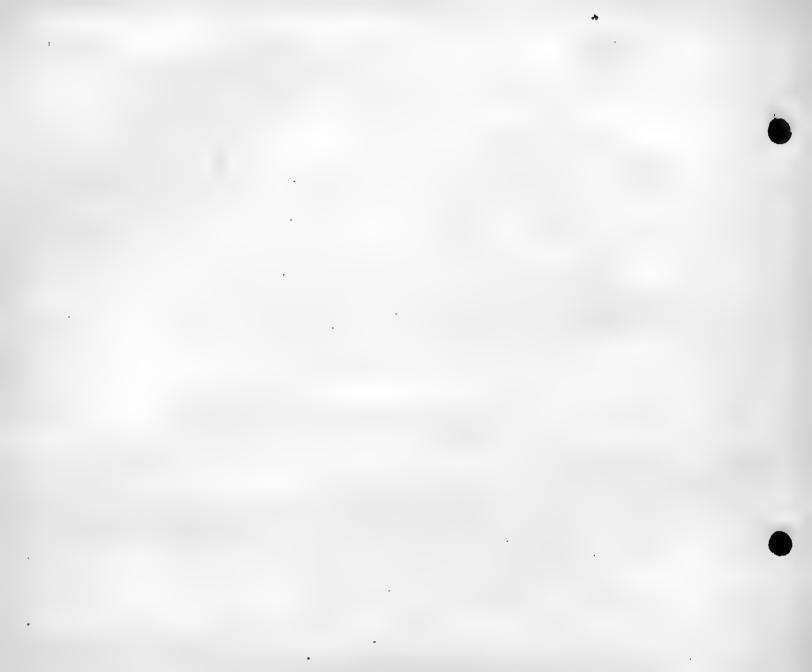
MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 09802 CERTIFICATE OF DEATH law requires that the death certificate be executed within 24 hours after death. gnd PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) a. COUNTY o. STATE DISTRICT OF COLUMBIA CECIL MARYLAND and campletely filled in by the f C LENGTH OF STAY IN 16 b. CITY OR TOWN (If autside corporate limits, c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 37 days WASHINGTON d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS e IS RESIDENCE ON A FARM? 1604 E. St., N. E. VA HOSPITAL YES NO 3 3. NAME OF Middle 4. DATE Month Year DECEASED (Type or print) 19 66 JULY 0. 1 WAILFIDE KELLY DEATH S SEX 6 COLOR OR RACE 7. MARRIED NEVER MARRIED DATE OF BIRTH AGE (In years F UNDER 1 YEAR IF UNDER 24 HRS lost burthday) Hours 5-20-07 Male Negro 10o. USUAL OCCUPATION (G ve kind of work done during most of working life, even if retired) 11. BIRTHPLACE (County & State or fareign country) 10b. KIND OF BUSINESS OR 12 CITIZEN OF WHAT this certificate has been signed by the attending provided betoched for use as the "usial-transit permit. Then alleged be Demt. of "malth priar to burial, cremation, ar remayal, and is INDUSTRY Lanark, W. Va. Laborer 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Lydia Louis Alex Kelly IS WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, na, or unknown) (If yes give wor or dates of service) 235059216 VA Hospital Records Perry Point, Md. yes INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter any one cause per line for (a), (b), and (c)) PART I. DEATH WAS CAUSED BY: Acute Myocardial Infarction TONEL APPORTI IMMEDIATE CAUSE (a) Page 4 may be retained by the haspital or attending physician. Conditions, if any, which gave rise to immediate couse (o), DUE TO stating the underlying couse WAS AUTOPS' PEREGRMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) FICATION NO 20o ACCIDENT WAS UNDERLYING [20b DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or fown) (County) (Stote) 20c. TIME OF INJURY Month, Doy, Year factory, street, affice bldg., etc.) Haur o.m. O FUNIRAL DIRECTOR: After 5-24-19.66 , ta 21. I certify that (this haspital) attended the deceased fram_ 19 60 that MICHAELDE and that death accurred a6: 45PM, fram causes and an the date stated above 22b. DATE SIGNED 22a. SIGNATURE STAFF PHYS. 7-2-66 directar, pags 3 shauld be filed M.D. PHYS. DIRECTOR 22d. ADDRESS 22c PHYSICIAN'S VAH.. Perry Point, Md. NAME (Type) Dr. Irina Reus, M.D. 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23a. BURIAL, CREMATION, (County) Arlington National Fort Myer, Virginia 2Sb. REGISTRAR'S SIGNATURE 2So. REC'D BY REGISTRAR VR A15 (4) 20 M 1/66

TIXE

RYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where decassed lived, if institution; Residence before admiss on) e. COUNTY **b.** COUNTY Cecil Marvland Harford MARYLAND b. CITY OR TOWN (if outside porporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL end give nearest town) write RURAL and give nearest town) Aberdeen (Rural) Elkton VI'S. d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give streat eddress) d. STREET ADDRESS a. IS RESIDENCE ON A FARM? Devine Haven Nursing Home Route YES NO X completely 3. NAME OF DECEASED "WILLIAM LONG July (Type or print) DEATH 10 5. SEX 6 COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE I'm years IF UNDER I YEAR IF UNDER 24 HRS. last birthday) Months Male 1888 Cau. WIDOWEDTY DIVORCED March 1. physician 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (County & State, or foreign country) 1 12. CITIZEN OF WHAT COUNTRY? dona during most of working life, even if retired) (Ret. Truck Driver Lumber Supply Kent County, Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME pue George W. Long Emma Cooper (Yas, no, or unkown) (Ifyes give were related for the social security NO. 17. INFORMANT Address No Helen Smith. Aberdeen. Md. 18. CAUSE OF DEATH [Enter only one causespar line for (e), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which (b) geve rise to immadiate cause DUE TO (a), stating the undarlying causa last. PART II. OTHER SIGNIFANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? 1 20b. DESCR BE HOW INJURY OCCURED, (Entar natura of injury in Part 1 or Part II of item 18.) 20% ACCIDENT WAS UNDERLYING LT (IF EITHER, NOTIFY MEDICAL EXAMINER 20c. TIME OF INJURY 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 1 20f. (City or town) Month, Day, Year (County) (Stata) factory, street, office bldg., atc.) Hour am While Not Whila at work at work p.m. 10 . 21. I certify that (I) (this hospital) attended the deceased from [...] y be re 22b. DATE STAFF &IGNED, DIRECTOR PHYS 22d. ADDRESS death. Page O FUNERA director, pag be filed with 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, lown or county REMOVAL (Spacify) Grove Presbyterian Cemetery. July 66 Aberdeen. Md. JÓIRECTOR/S **ADDRESS** 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE VR A15 [4] 15M 7/61 Aberdeen Md.



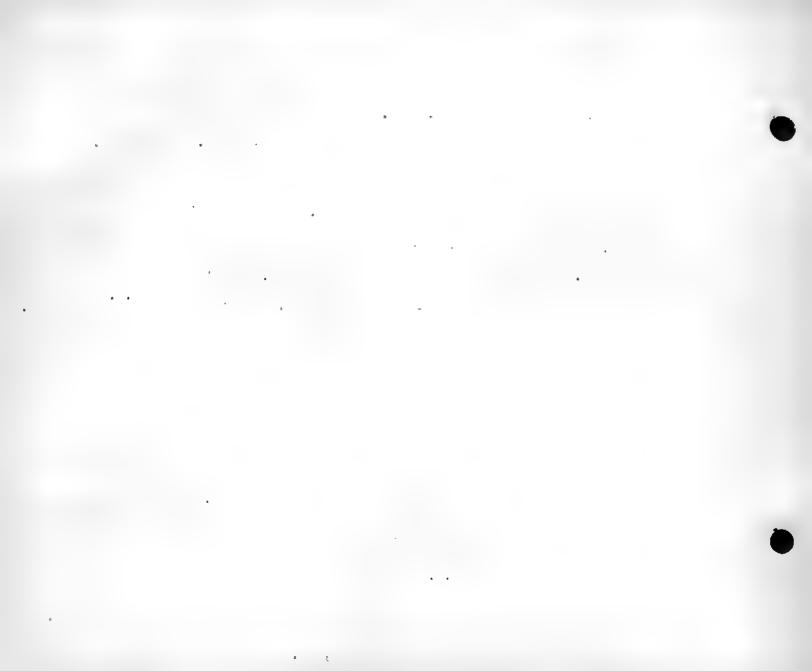
MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 hours after death by the feneral Pages and PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. COUNTY Cecil b. COUNTY Maryland MARYLAND c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town) b CITY OR TOWN (If outside corporate limits write RURAL and give nearest town) 2 wks. Elkton Elkton e. IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street oddress) d. STREET ADDRESS Union Hospital R.D. YES | NO X ug 🔻 3 NAME OF First Middle Last DATE Manth Year completery DECEASED OF S. Lunch July 19 36 Evans (Type or print) DEATH IF UNDER 1 YEAR **IF UNDER 24 HRS** S SEX 6 COLOR OR RACE 8. DATE OF BIRTH 9. AGE (In years 7. MARRIED **NEVER MARRIED** remave last birthday) Manths Davs and in any WIDOWED DIVORCED l'ale Jan. 5. 1891 attending physician and sermit. Then please rem 10d IIS_AL OCCUPATION (Give kind of work done 12 CITIZEN OF WHAT 10b. KIND OF BUSINESS OR 11 BIRTHPLACE (County & State, or fareign country) COUNTRY? during most of working life, even if retired) Feed Feed Clerk Mill Delaware 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME ar remaya Joseph Walter Lynch Martha Truwax 17. INFORMANT 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO Address (Yes, na, ar unknawn) (If yes give war ar dates of service) signed by the atter burial-transit perm burial, crematjan, a 217-14-0848 Wilson R. Rothwell Elkton No 18. CAUSE OF DEATH (Enter only one cause per lige for (a), (b), and (c).) INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY romprato IMMEDIATE CAUSE (o) by the hospital ar attending physician. DUE TO Conditions, if any, which gave rise to immediate cause (a). DUE TO stoting the underlying couse as the priar ta has been 19. WAS AUTOPSY PERFORMED? PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) detached for use te Dept. of Health YES T NO T O FUNERAL DIRECTOR: After this certificate 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I ar Part II of item 18.) 20g ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) (State) 20d INJURY OCCURRED 20e PLACE OF INJURY (Hame, form, (City or town) (County) 20c. TIME OF INJURY Month, Day, Year factory, street, office bldg., etc.) Not While of wark at work 21. I certify that (1) (this bespital) attended the deceased fram 19*46* that (I) (we) last and that death accurred at 132 M. from causes and an the date stated above. saw the deceased alive an 22a SIGNATURE DATE SIGNED STAFF PHYS. director, page 3 should be filed v DIRECTOR M.D. PHYS 22d ADDRESS 22c PHYSICIAN" NAME (Type) 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23a BURIAL, CREMATION 23d. LOCATION (City or Town) /(County) (Stote) -REMOVAL (Specify) 20/ Lethel. Cecil Co. Md. Bethel Memetery 25b. REGISTRAR'S SIGNATURE # ADDRESS 25g REC'D BY REGISTRAR 24 FUNERAL DIRECTO VR A15 (4) 20 M 1/66 Funerals Md . Elkton or



	MARYLAND STATE DEPARTMENT OF HEALTH	
A STATE OF THE STA	Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1,	MARYLAND
FOR STATE	09805 MEDICAL EXAMINER'S CERTIFICATE OF DEATH	0.9503
HEALIR DEPT.	1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decassed lived, if Institutions as COUNTY	Residence before admission
necessary, ector. Page our files. artment of h,	CECIL MARYLAND 6. STATE PA 6. COUNTY B	ARKS /
Cess Profile Sent file	b. CITY OR TOWN (If outside eorporete limits, write RURAL end give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside eorporete limits, write RURAL end	
director. r your fi epartmen eath.	RUZAL NORTH EAST I DAY READING	
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS	. IS RESIDENC
funeral funeral funeral funeral funeral state D	NONE	ON A FARM
F 7 70 V	3. NAME OF First Middle Lest 4. DATE Month OF	Day Year
	(Type or print) THOMAS WALTER MARTIN DERTH 7	9 1966
death ad 3 to nay 50 with 72 h	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years IF UNDER	1 YEAR IF UNDER 24 HRS.
L 2 - CA .E	MECRO WIDOWED DIVORCED 12-18-50 less birthday) Months	Deys Hours Min.
s after 1, 2, al ge 5 r and 2 within		TIZEN OF WHAT COUNTRY
4/ V		S A.
	13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME	
5 had an ex-	13. WAS DECEASED EYER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address	
Within 18 Girling	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unknown) (Ifyes give wer or deles of service)	EAPING
A E E E E	NO MR. PAUL OTIS MARTIN	PA.
n lke	to: Care of a parent of the sause per line for (a), (b), and (c).	INTERVAL BETWEEN ONSET AND DEATH
alon rans	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Drawnins	30 min
d ben pen jisa-t	DUE TO	
should 's Offic a buria	Conditions, if any, which (b)	
Prince strain	gave rise to Immediate cause (e), stating the underlying DUE TO	
rtificat "pend xamin used a	cause lest. (c)	
certificate rd "pendin Examiner se used as	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PAR	T 1(e) 19. WAS AUTOPSY PERFORMED?
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cale, with to the COR: Pagent,		ecil MI
	21. I certify that I took charge of the remains described above, held an Autopsy . Inspection Inquiry	and in my opinion
EDICAL the certific rwarded is DIRECTC	death resulted from: Natural causes . Accident . Suicide . Homicide . Undetermined manner	
FIEDI forwar forwar design	CHIEF MEDICAL EXAMINER	
N P n int 40	SIGNATURE ASSISTANT MEDICAL EXAMINER [7-9-66
E S P P P	EXAMINER'S	
O DEPUTY P please execute 4 should be if O FUNERAL Health or its	NAME (Type) TIMEN DO OHNSON M. Address (Street, city, town, or county) 128 5 Mg. 228. BURIAL CREMATION, 22b. DATE THEREOF 22c NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county)	(State)
TO DEP please 4 4 should TO FUN	REMOVAL (Specify)	
Ř Ř	BORIAL 17-13-66 FOREST HILL MEM, PR. BARKS CO. P. 23. FUNERAL DIRECTOR BORGEST ADDRESS 246. REGISTRAR 246. REGISTRAR'S S	IGNATURE
VR A15ME		
SM 1/63	PIPPIN FUNERAL HOME TOL. ELKTON, MD, DATE JUL 12 1866 TOLOR	- Junge



# 1 (M)	MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
FOR STATE	09806 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 09804
HEALTH DEPT. 은무용 호텔	1 PLACE OF DEATH o COUNTY Cecil MARYLAND 2 USUAL RESIDENCE (Where deceased weed, if institution Residence before odmission) b. COUNTY Cecil
If any delay is 1, 2, and 3 ta rm. PM3. Page Department af irs after death	b CITY OR TOWN (f autside carparate limits, write RURAL and give nearest tawn) write RURAL and give nearest tawn) ETKton 10 min. C CITY OR TOWN (if autside carparate limits, write RURAL and give nearest tawn) Northeast
th 1f cr ges 1, 2 n farm rate Dep	d NAME OF HOSPITAL OR INSTITUTION (If not in hosp to give street address) Union Hospital On A FARM? YES DING ON A FARM? YES DING ON A FARM?
dea ve Pa y with the Si n 72	3 NAME OF First Middle Cast 4 DATE Month Doy Year DECEASED OF OF DEATH 7 11 19 66
tem 18. Gr Office alang and 2 with	s sex 6 color or race 7 Married 1 Nov. 8, 1933 9 AGE (In years FUNDER 1 YEAR IF UNDER 1 YEAR IF
2012	100 LSUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Truck Driver 100 KIND OF BUSINESS OR INDUSTRY INDUSTRY Maryland 11 BIRTHPLACE (State or foreign country) Maryland 12 (IT ZEN OF WHAT COUNTRY?) USA
s within 24 in pencil in Examiner File pages and in any any any and in any any and in any any and in any any and in any any and any any and any any and any any and any any and any any and any and any any any any and any	Everett H. McCall Buelah W. Reynolds
be executed pending" r hief Medical ansit permit. ar removal,	(Yes, no ar unknown) (If yes give war ar dates of service) 215-32-0890 Everett H. McCall North East, Md.
	B CAUSE OF DEATH (Enter only one cause per ine for (a), (b), and (c)
ficate ing th ded t as a 1, crei	Canditions, if any, which gave nse to immediate cause (a), stating the underlying cause lost. (b) Laceration of larynx DUE TO (c)
is certifice, write farwar farwar a buria	PART II OTHER SIGNIFICANT CONDITIONS CONTR BUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS A TOPSY PERFORMED? YES NO
INER: Thi e certificat should be files 3 should be int, priar to	PRIMARY D or CONTRIBUTING AUSE OF DEATH CAUSE OF DEATH 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 1B) driver in auto-auto collision
XAMIN ite the ige 4 sh your fill yage 3 s	7:20 pm. / II " OO orwork La Street III. Newark Delawar
TO DEPUTY MEDICAL EXAMINER: This necessary, please execute the certificate, the funeral director. Page 4 should be fa 5 may be refained far your files to FUNERAL DIRECTOR: Page 3 should be a Health or its designated agent, priar tall.	21 certify that I taak charge of the remains described above, held an Autapsy X, Inspection , Inquiry , and in my opinion death resulted from. Natural causes , Accident X, Suicide , Hamicide , Undetermined manner
PUTY ME isary, plec uneral dir y be reta y be reta NERAL DIS	ACTUAL SIGNATURE ASSISTANT MEDICAL EXAMINER STAND ASSISTANT MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER ADJUDY MEDICAL EXAMINER ADJUDY ADJUDY ASSISTANT MEDICAL EXAMINER ADJUDY ASSISTANT MEDICAL EXAMINER ADJUDY ASSISTANT MEDICAL EXAMINER ADJUDY ASSISTANT MEDICAL EXAMINER ADJUDY
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VR A15ME (5)	Grant Funeral Home Of Chouch North East. Md. DAIE JUL 18 1966 Grant Funeral Home Of Chouch North East. Md. DAIE JUL 18 1966



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 09807 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 haurs after death 2 USUAL RESIDENCE (Where deceosed lived, Finstitution Residence before admission) PLACE OF DEATH o. COUNTY b. COUNTY Maryland Cecil Cecil MARYLAND event, within 72 haurs after b CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) E LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Elkton 5 days Elktion d. STREET ADDRESS 59 Chestnut Dr. d. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol, give street address) e IS RESIDENCE ON A FARM? ?.D. Meadowview YES NO X Union Hospital 4 DATE 3 NAME OF Middle Month Year DECEASED OF DEATH 1066 McFalls July (Type or print) Infant Lee Terry 9. AGE (in years IF JNDER 1 YEAR IF UNDER 24 HRS. 6 COLOR OR RACE 7. MARRIED NEVER MARRIED TO 8. DATE OF BIRTH lost birthdoy) Months Days Hours July 2, 1966 Thite WIDOWED DIVORCED Jale 10o USUAL OCCUPATION (Give kind of work done 11. BIRTHPLACE (County & Stote, or foreign country) 10b KIND OF BUSINESS OR 12. CITIZEN OF WHAT physician a COUNTRYS during most of working ife, even if retired) INDUSTRY Maryland 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Sarah Campbell Charles W. McFalls 17 INFORMANT 59 Chestnut Draddress eadowview IS WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO (Yes, no, or unknown) (If yes give wor or dotes of service) CHarles 7. McFalls, Elkton. signed by the atter burial-transit perm burial, cremotion, a INTERVAL BETWEEN 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).)
PART I. DEATH WAS CAUSED BY ONSET AND DEATH IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate couse (a), stoting the underlying couse 3 should be detached for use as the with the State Dept. of Health prior to 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) NO P O FUNERAL DIRECTOR: After this certificate 205, DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 20o. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, (City or town) (County) (Stote) 20c, TIME OF INJURY Month, Day, Year While of work of work foctory, street, office bldg., etc.) 21 | certify that (1) (this haspital) attended the deceased fram 7 - 2 - 1966, that (1) (we) last saw the deceased alive an 7 - 2 - 1966, and that death accurred at 3364M, fram causes and an the date stated above. 220. SIGNATURE 22b. DATE SIGNED MED. DIRECTOR 7-8-66 M.D. director, page 3 should be filed v PHYS 22d ADDRESS 22c. PHYSICIAN S NAME (Type) 123 Singerly Ave. Ellton, md 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 230 BURIAL CREMATION 23b DATE THEREOF REMOVAL (Specify) Park, Elkton, Md. Gilpin Manor Demorial 250. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR VR A15 (4) 20 M 1/66



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 09803 death. requires that the death certificate be executed within 24 haurs after death signed by the attending physician and campletely filled in by the funeral burial-transit permit. Then please remove carban papers. Pages 1 and burial, crematian, ar remayal and burial, crematian, ar remayal and each any event, within 72 haurs after death PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institut on Residence before admission) o. COUNTY o. STATE Maryland ь. социту Cecil MARYLAND c. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest tawn) b. CITY OR TOWN (If autside carparate limits. c. LENGTH OF STAY IN 16 write RURAL and give nearest tawn)
Perryville 3 years 11 days North East. d STREET ADDRESS d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) e. IS RESIDENCE ON A FARM? VAH Perry Point. Md. Mauldin Ave. YES NO TE 3 NAME OF Middle 4 DATE Last Doy Year DECEASED (Type or print) 19 66 G. Neal. July. Clarence DEATH B DATE OF BIRTH IF LINDER 1 YEAR IF JNDER 24 HRS S SEX 9. AGE (In years 6 COLOR OR RACE 7. MARRIED NEVER MARRIED Months last birthday) Days Haurs WIDOWED DIVORCED 5-20-89 White Male 100 USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or toreign country) 12, CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY COUNTRY? Tathe operator
13. FATHER'S NAME Maryland TISA Cecil 14. MOTHER'S MAIDEN NAME William W. Neal Martha J. Apdyke IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO (Yes, na, or unknown) (If yes give war or dates of service 347-20-4087 VA Hospital records. Perry Point. Md. Yes 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) NYERVAL BETWEEN PART I. DEATH WAS CAUSED BY: OMIT WHO HATE Gangrene small intestine IMMEDIATE CAUSE (o) DUE TO 12-24 Mesenteric Thrombosis hours Conditions if any, which gave rise to immediate couse (a), DUE TO stating the underlying cause far use as the l Health priar tab Page 4 may be retained by the haspital or attending TO FUNERAL DIRECTOR: After this certificate has been Arteresclerosis. Generalized PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) WAS AUTOPSY PERFORMED? YES 🔀 NO [205. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20a ACC DENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DEATH of (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or tawn) (County) (State) Hour a.m. factory, street, office bldg., etc.) 100 XIGHXIDAX 21. I certify that (I) (this haspital) attended the deceased fram 6-24 1953 7-4 sowether decreased coliverency and the date stated above. ÂM 22b. DATE SIGNED 22o SIGNATURE ATTENDING MED. DIRECTOR 4 66 M.D. PHYS. 22d. ADDRESS 22c PHYSICIAN S N.R. El. Bayadi M.D. VA Hospital - Perry Point, Md. NAME (Type) director, 23b. DATE THEREOF 23c. NAME DECEMBERY OR GENERATIONY 23a BURIAL CREMATION 23d LOCATION (City or Town) (County) Methodist Cemetery North East, Maryland 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR 25a. REC'D BY REGISTRAR 1966 North East, Md.



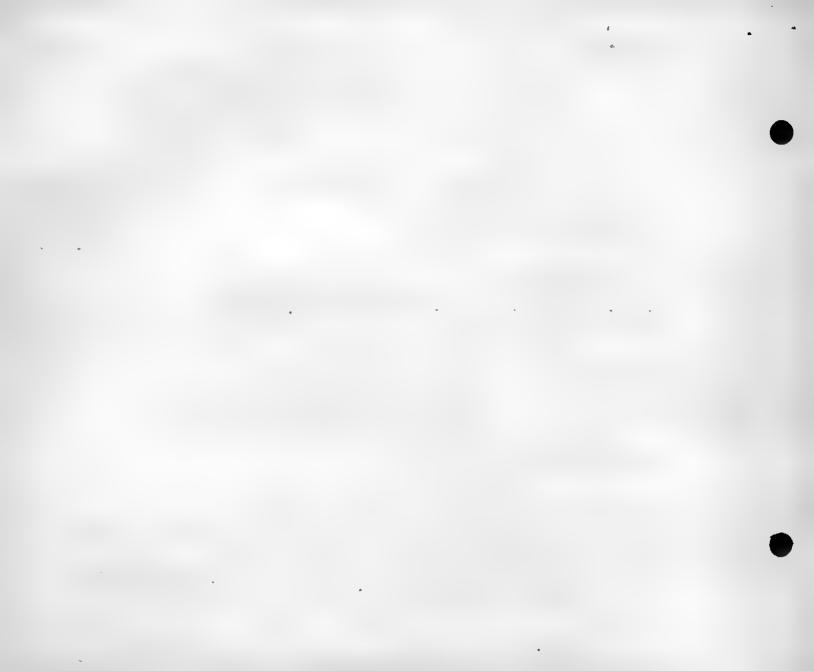
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 09803 secuted within 24 hours after death. I. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) o. STATE
District of Columbia o. COUNTY Choil MARYLAND campletely filled in by the 1 lave carban papers. Pages y event, within 72 haurs afte b. CITY OR TOWN (If outside corporate I mits. c LENGTH OF STAY IN 16 c. CITY DR TOWN (If autside corparate limits, write RURAL and give pearest town) write RURAL and give nearest tawn) 3 mos 15 days Perry Point Washington d. NAME OF HOSPITAL DR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS IS RESIDENCE ON A FARM? NO -1245 Owen Place. YES Veterans Administration Hospital 3 NAME OF First Middle 4. DATE Manth please remave carban Lost Dov Year DECEASED JOSEPH 19 66 TMM NELSON July (Type or print) DEATH IF UNDER 1 YEAR IF UNDER 24 HRS. S SEX AGE (In years 6 COLOR OR RACE 7 MARRIED DATE OF BIRTH NEVER MARRIED lost berthdoy) Months Dovs Hours 10-28-23 and in any WIDDWED DIVDRCED Male Negro requires that the death certificate be 100 JSUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) 12 CITIZEN OF WHAT during most of working ite, even if retired) INDUSTRY CDUNTRY? the attending physician sit permit. Then please South Carolina Off set press operator 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME remayal George Nelson Queenie Herriot 35 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT 16. SOCIAL SECURITY NO (Yes no, or unknown) [(If yes give wor or dates of service) Б 577-20-1501 VA Hospital Records. Perry Point. Md. Yes crematian. INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c), burnal-transit PART + DEATH WAS CAUSED BY PINSET AND DEATH IMMEDIATE CAUSE (6) Acute necrotizing pancreatitis þ physician. 5 3 2 4 signed k burial, Alcholism 10-15 vrs Conditions, if any, which gove rise to immediate couse (o). DUE TO attending p has been s as the priar tal stating the underlying couse lost. PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19 WAS AUTOPSY PERFORMED? use CERTIFICATION far use Health 2 YES -- 7 NO TO FUNERAL DIRECTOR: After this certificate be retained by the haspital ar 205 DESCRIBE HOW INJURY OCCURRED, (Enter noture of injury in Port I or Port II of item 18.) 200 ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DEATH af detached (IF EITHER, NDTIFY MEDICAL EXAMINER) State Dept. 20c TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20s. PLACE OF INJURY (Home form, 20f. (City or town) (County) (State) Hour o.m. Not While foctory, street, office bldg., etc.) of work at work 19 66 to July 27 1906 The graver for 21. I certify that (this haspital) attended the deceased from May 13 3 shauld with the 5 saw the deseased alive one year year year, and that death accurred at 8:50M, fram causes and an the date stated above. 22o. SIGNATURE 225 DATE SIGNED ATTENDING M.D. DIRECTOR PHYS. PHYS directar, page shavid be filed 22d. ADDRESS 22c. PHYSICIAN'S Page 4 may NAME (Type) VAH. Porry Point, Md. GOINGRABEN, M.D. DATE THEREO 23c. NAME OF CEMETERY OR CREMATORY LOCATION (City or Jown) /(County) - (Stote) ein. 25b. REGISTRAR'S SIQUATURE 2So REC'D BY REGISTRAR VR A15 (4) DATE AUG 20 M 1/66

MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 haurs after death PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) COUNTY o. COUNTY Marvland Cecil MARYLAND b. CITY OR TOWN (If outside corporate mits, write RURAL and give nearest town) c LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Elkton, Fifty Yrs d. STREET ADDRESS e IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) physician and campletely filled in 123 W. Main St. NO TA W. Main 3 NAME OF Middle 4 DATE First Lost Doy Year DECEASED OF DEATH Niedenthal (Type or print) Harry NEVER MARRIED 8. DATE OF BIRTH AGE (in years lost birthdoy) IF JNDER 1 YEAR | IF UNDER 24 HRS 6 COLOR OR RACE 7. MARRIED WIDOWED DIVORCED 8 2 yrs White 12. CITIZEN OF WHAT 100 JSUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) COUNTRY? during most of working life, even if retired) INDUSTRY Factory Worker Retired Pennsylvania

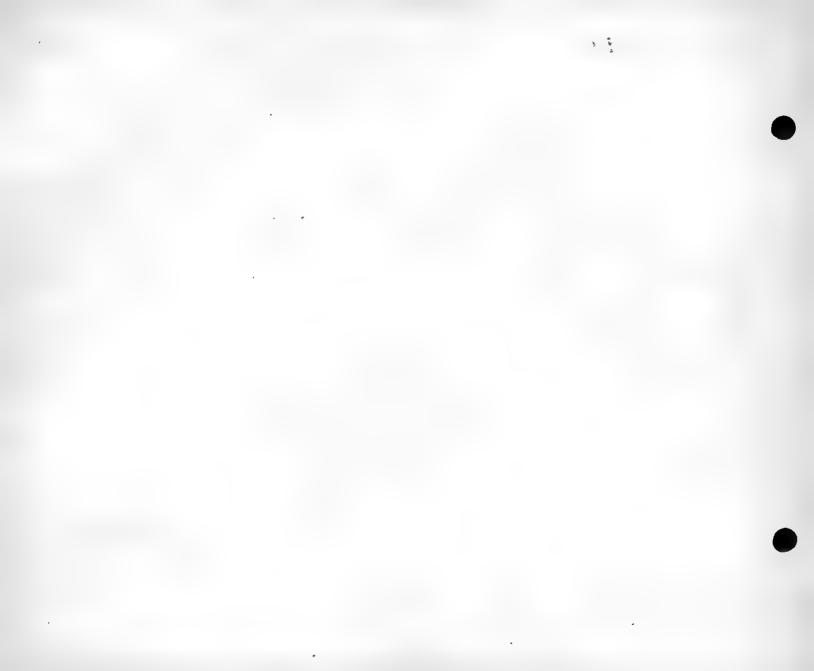
14. MOTHER'S MAIDEN NAME U.S.A 13. FATHER'S NAME ar remaval, Harry Niedenthal CGatherine Shoemaker 16. SOCIAL SECURITY NO 17. INFORMANT (Yes, no, or unknown) [(If yes give wor or dates of service) 216-01-4602 Mary E. Niedenthal 123 W.Main St burial-transit pern burial, cremation, INTERVAL BETWEEN 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c)) PART I. DEATH WAS CAUSED BY: ONSET AND DEATH IMMEDIATE CAUSE (o) Conditions, if ony, which gove rise to immediate couse (o), DUE TO stating the underlying couse PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) PERFORMED? NO X O FUNERAL DIRECTOR: After this certificate 200 ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH 20b DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 1B.) (IF EITHER, NOTIFY MEDICAL EXAMINER) (City or town) (Stote) 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (County) 20c. TIME OF INJURY Month, Day, Year factory, street, office bldg., etc.) Hour o.m. Not While of work of work , 19___, that (1) (we) last 21. 1 certify that (1) (this haspital) attended the deceased fram, 19____, to M. fram causes and an the date stated above. and that death accurred at_ saw the deceased alive on. 22b. DATE SIGNED 22o. SIGRATURE DIRECTOR M.D. 22d ADDRESS 105 East Main St. 22c/PHYSICIAN'S NAME (Type) Maryland 21921 Rolando A. Najera, Elkton. 23d. LOCATION (City or Town) 230 BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY (County) (Stote) REMOVAL (Specify)
Burial Mount Cemetery 2Sb. REGISTRAR'S SIGNATURE VR A15 (4) DATE



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3. NAME OF First Middle Last Pluid DATE Month Day	Year
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RAY A. Pluid Evelyn Ruth Unknown	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT [Yas, np. for unkown) Iffxed give we rogates of services 16. SOCIAL SECURITY NO. 17. INFORMANT	
VES 18/10/62 Jolle 1/61 36 42 9165 - 7415 10. CARDS	
18. CAUSE OF DEATH (Enter only/on) cause per line for (e), (b), and (c).]	TERVAL BETWEEN
IMMEDIATE CAUSE (6) / IASSIVE OKAIN PHYRET	HOURS
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Willia II FICHE STAR STAR STAR	
3 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED, 20e. PLACE OF INJURY (Home, ferm, 20f. (City or town) (Caughy)	CH (Stele)
Hour a.m. While Not While To fectory, streat office bldg., etc.)	
11 p.m. 7/16 1966 at work A PUBLIC LOAD NEAR NORTHEAST	141
21. I certify that / took charge of the remains described above, held an Autopsy . Inspection Inquiry . end	in my opinio
	in my opinio
21. I certify that / took charge of the remains described above, held an Autopsy Inspection Inquiry and death resulted from: Natural causes Accident Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER	d in my opinio
21. I certify that took charge of the remains described above, held an Autopsy Inspection Inquiry and death resulted from: Natural causes Accident Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER	, ,,,,,,,
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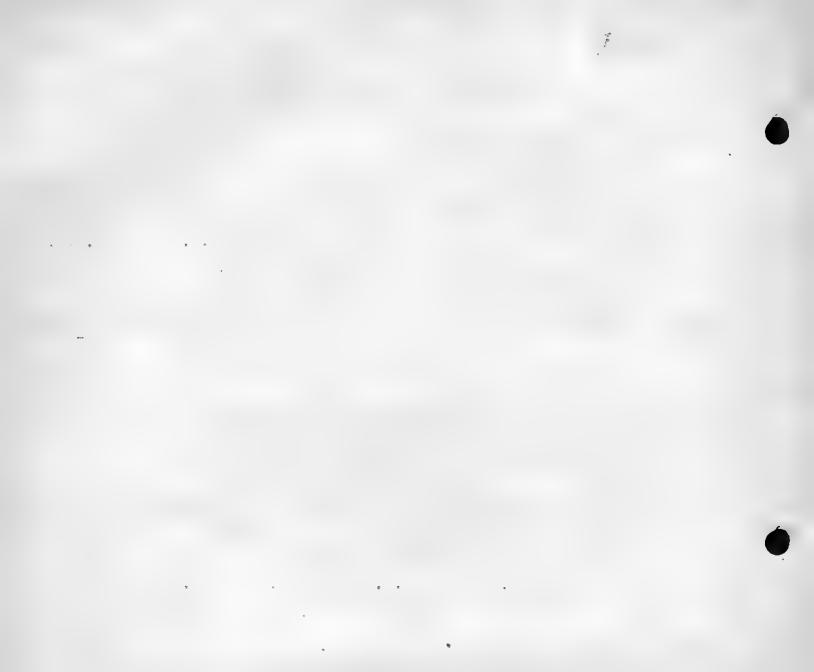
1 /	Items 20&21 Film 330 8-25MARYLAND STATE D Division of STATISTICAL RESEARCH AND RECORDS, 3	PEPARTMENT OF HEALTH	ND DIAGI
FOR STATE		S CERTIFICATE OF DEATH	0.9510
HEALTH DEPT.	1 PLACE OF DEATH	2 USUAL RESIDENCE (Where deceosed lived, if institution o STATE b. COUNT	
y delay is and 3 to PM3 Page arrment of frer death.	Cecil MARY.AND b CITY OR TOWN (If auts de corporate limits, write RURAL and give nearest town) c tENGTH OF STAY IN 1b	c CITY OR TOWN (If outside corporate (mits write RURA	Cocil V
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D .E (0	15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give wor or dotes of service) 16. SOCIAL SECURITY NO. 17.	INFORMANT Address	9
shauld be executed we ne ward 'pending-sin parties the Chief Medical two burial-transit permit Filemation, ar remayal, and	18 CAUSE OF DEATH (Enter on y one couse per line for (o) (b), and (c))		A 7 View I'd INTERVAL BETWEEN ONSET AND DEATH
old be ard 'p e Chie al-trans an, ar	1310 MMED ATE CAJSE (6) HHH A PHULACTIC	SHOCK	
ate shauld g the ward sd ta the C a bural-tr crematian,	rise to immediate couse (a), DUE TO	ACTION	15 uiu.
s certificate shauld be or withing the ward 'pe farwarded to the Chief used as a burial-transit burial, cremation, or res	lost. (c) YNSECT IS LITE PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO		19 WAS AUTOPSY PERFORMED?
This certificate should icate, writing the ward be farwarded to the Ch be used as a burial-traff to burial, cremation, o	CATION	(Enter nature of injury in Port 1 or Port 11 of item 18.)	YES NO
<u>_</u>	PRIMARYIZIO: CONTR BUTING Deceased was stu CAUSE OF DEATH. Deceased was stu	in on the face by "Yello	
AL EXAMINER: execute the certical and the certical arranged a should than your files. Fage 3 should prafed agent, pringed agen	20c TIME OF INJURY Month, Doy, Yeor 7:30 NJURY OCCURRED 20e PL White Not While for twork of work of work 200 twork	LACE OF INJURY (Home form, 20f (City or town) intory, street, office b dg , etc.)	(County) (State) Cecil Md.
UTY MEDICAL EXA IN, please execute eral director. Page be retained for you RAL DIRECTOR. Pag ar its designated a	21. I certify that I took charge of the remains described above, he death resulted from Natural causes , Accident , Su	neld an Autapsy [], Inspection [], Inquir icide [], Hamicide [], Undetermined mar	
MEDT oblease direct direct etaine etaine s desi	SIGNATURE COLMANDE LUJIA 4.	CHIEF MEDICAL EXAMINER AD ASSISTANT MEDICAL EXAMINER	22. DATE SIGNED
TO DEPUTY MEDITAL EXAM necessary, please execute the funeral director. Page 4 5 may be retained for your O FUNERAL DIRECTOR: Page Health ar its designated age	EXAMINER'S NAME (Type) Rolando A. Maiera	DEPUTY MEDICAL EXAMINER Address (Street, city, town, or county)	7/27/60
TO DE PROCEST THE F	230 BURIA., CREMATION, 236 DATE THEREOF 23c NAME OF CEMETERY OF	R CREMATORY 23d LOCATION (City or Town) (County) (State)
VR A15ME (5)	24 FUNERAL DIRECTOR APPRIESS	2So. REC'D BY REGISTRAR 2Sb REGIS	STRAR'S SIGNATURE



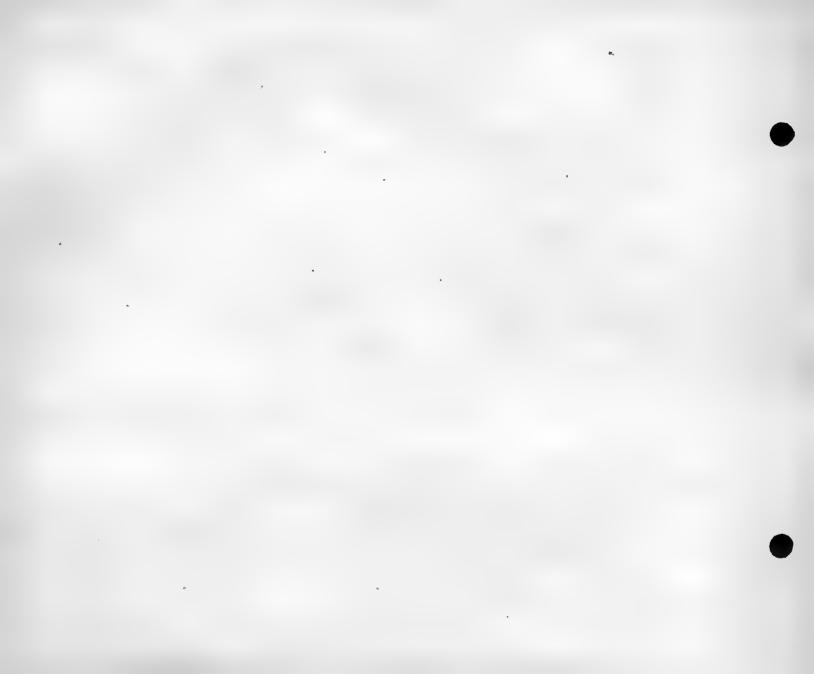
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH after death. and 2 death. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) PLACE OF DEATH a. COUNTY b. COUNTY Maryland r this certificate has been signed by the attending only iclan and completely filled in by the 1 detached for use as the burial-transit permit. The new emove carbon papers. Pages 1 to Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after Ceci. MARYLAND Cecil b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. CITY DR TOWN (If outside corporate limits, write RURAL and give nearest town) C. LENGTH OF STAY IN 1b hours Years Elkton Elktor d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) e. IS RESIDENCE d. STREET ADDRESS ON A FARM? Union Hospital Of County 215 E. High Street NO X Cecil YES executed within Year NAME OF DECEASED DATE Middle Day 0F 1966 (Type or print) DEATH Marv Robinson AGE (In years | IFUNDER 1 YEAR | IFUNDER 24 HRS 6. COLOR OR RACE | 7. MARRIED 5. SEX 8. DATE OF BIRTH NEVER MARRIED last birthday) Months Days WIDOWED DIVORCED Sept.8,1890 Female Negro WIDOWED DIVORCED

103. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

105. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT þ COUNTRY? Domestic II.S. Washington D.C certificate 13. FATHER'S NAME MOTHER'S MAIDEN NAME Unknown Unknown 15. WAS DECEASED EVER IN U.S. ARMED FORCES? Address 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unkown) (If yes give war or dates of service) PHYSICIAN: The law requires that the death the hospital or attending physician. 212-24-7984 Geraldine Kane Same INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Carcinoma of Stomach with Metastasis 4-Months **DUE TO** H-Years Arteriosclerosis and Cardiac Conditions, If any, which (b) gave rise to immediate **DUE TO** (a), stating underlying cause last. (c) WAS AUTOPSY CERTIFICATION PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PERFORMED? NO TX YES [DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Part II of Item 18.) 20a. ACCIDENT WAS UNDERLYING F OR CONTRIBUTING TI CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL (State) (County) 20d. INJURY OCCURRED 120e. PLACE OF INJURY (Home, farm. 20f. (City or town) TIME OF INJURY Month, Day, Year RECTOR: After the 3 should be definitely with the State D factory, street, office bidg., etc.) Hour e.m. While Not While OR ATTENDING I à 19 at work at work 19_66, that (1) (w20 last 1966 21. I certify that (I) (DISCHOSPINAL attended the deceased from director, page 3 should should be filed with the and that death occurred at 8:30, from the causes and on the date stated above. 1966 saw the deceased alive on. 22b. DATE SIGNED SIGNATURE 22a. ATTENDING PHYS. STAFF PHYS. 70 DIRECTOR M.D. 4 may TO HOSPITAL ADDRESS PHYSICIAN'S NAME (Type) 22d. 22c. St. Elkton, Maryland Johnson James LOCATION (City, town or county) (State) NAME OF CEMETERY OR CREMATORY 23b. DATE THEREOF BURIAL, CREMATION, Burial (Specify) Elkton, Maryland 18/66 Providence Cem. 25b. REGISTRAR'S SIGNATURE ADDRESS REC'D BY REGISTRAR I FUNERAL DIRECTOR 25a. 1966 909 Poplar St. VR A15 (4) DATE 15M 4-64



1 1 (1)	MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201				
[M]	OS814 CERTIFICATE OF DEATH	09812			
ficate be executed within 24 hours after deory stign and campletely filled in by the funeral release remove corbon papers. Pages I and all any event, within 72 hours after deat	i PLACE OF DEATH a COUNTY CECIC MARYLAND 2. USUAL RESIDENCE (Where deceased fived, if institution Residence a STATE PENNA b COUNTY	e before admission)			
nours after to by the full by the full hours after	b CITY DR TOWN (If autside carparate limits, write RURAL and give Wite RURAL and give Wite RURAL and give BETHLE HEM	* * * * * * * * * * * * * * * * * * *			
te be executed within 24 ho an ond campletely filled in ese remove corbon popers. Ind in any event, within 72 h	d. NAME OF HOSPITAL DR INSTITUTION (If not in hospital, give street address) VNION HOSPITAC 1920 FAIRLAND AVE.	e is residence On a farm? Yes NO			
ite be executed within Z ian ond campletely filler esse remove corbon pol and in any event, within	3. NAME OF DECEASED (Type or print) HOWARDS STUAR MINTER SAYRE Last OF DEATH TILLY 5. SEX 6. COLOR DR RACE 7 MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years thank)	Day Year 19 66			
execut nd cam remove	WIDOWED DIVORCED JAN. 28, 1900 62 WIS WILLIAM	Days Hours Min.			
rate be Sician o Sician o Debase i		TEN OF WHAT			
th certifications and the control of	STUART A SAYRE ANNA FOSS BINDER 15 WAS DECEASED EVER IN J. S ARMED FORCES? 16. SOCIAL SECURITY ND 17 INFORMANT Address				
it the deoth co	(Yes, no, no Linkbown) (If yes give war ar dayer, of service) — HELEN J. SAYRE BETHLE 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))	HEM, PA			
equires that the death physicion. signed by the ottendi buriol-transit permit. buriol, cremation, or re	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Arterioscicrotic Hoart Disease Due TD	ONSET AND DEATH			
O HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after dear Page 4 may be retained by the hospital or attending physicion. O FUNIRAL DIRECTOR: After this certificate has been signed by the ottending physician and campletely filled in by the funeral director, page 3 should be detached far use as the buriol-transit permit. The presser remove corban papers. Pages 1 and should be filed with the State Dept. of Health prior to buriol, cremation, or removal and in any event, within 72 hours after dear	Canditions, if ony, which gave rise to immediate cause (a), stating the underlying cause (c) DUE TO (c)				
The lor attence has be use os the prior	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT DELATED TO THE TERMINAL DISEASE CONDITION CIVEN IN DADY 3 (c)	19. WAS AUTOPSY PERFORMED? YES NO			
O HOSPITAL OR ATTENDING PHYSICIAN: The low range of may be retained by the hospital or attending O FUNIRAL DIRECTOR: After this certificate has been director, page 3 should be detached far use as the should be filed with the State Dept. of Health prior to	Coronary Occlusion myocardial infarction congestive failure 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CLAUSE OF DEATH (IF EITHER, NOTHY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I ar Part II of item 18.) 20c. Time Of Injury Month, Day, Year Haur a.m. 20d INJURY OCCURRED While Nat While Charactery, street, office bidg., etc.) (Coun	763			
NG PHY y the ha er this a detach ate Depi	p.m. 19 atwark atwark				
TTENDII TTENDII ained by OE: Aft	21. I certify that (I) (this haspital) attended the deceased fram 2 July , 19 66 , ta 2 July , 19 6 saw the deceased alive an 2 July 66 19 , and that death accurred at , 66 Mp from causes and an the				
L OR A be reft be reft blrEcT blrEcT	220 SIGNATURE Wallace Die Le M.D. ATTENDING MED DIRECTOR DIRECTOR PHYS. 226. DATE DIRECTOR PHYS. 226. DATE DIRECTOR PHYS. 227. PHYSICIAN'S 226. ADDRESS	E SIGNED July 66			
O HOSPITAL Page 4 may O FUNIRAL director, poi	NAME(Type) Wallace Obenshain, M.D. Cecikton, M.				
TO HO Page TO Ful direct	230. BJRIAL, CREMATION, 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (CITY OF	(State)			
VR A15 (4) 20 M 1/66	W. H. PIPPIN FUNERAL HOME Now College Md. DATE JUL 6 1966 golvand				



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceosed lived, if institution Residence before odmission), o. COUNTY b COUNTY Chaster o. STATE of O Pennsylvania Ceci1 death MARYLAND ~ partment b. CITY OR TOWN (If outside corporate limits, c LENGTH OF STAY IN 15 c CITY OR TOWN (If outside corparate mits, write RURAL and give nearest town) pub write RURAL and give neorest town) hrs. after. West Chester d NAME OF HOSPITAL OR INSTITUTION (If not in hospita, give street address) d STREET APDRES 5 RESIDENCE form hours ON A FARM? -25 Brandywine St. McDaniel's Yacht Basin pencil in Item 18. Give Pages NO A ate 3 NAME OF e St 72 First Middle 4 DATE Month Doy Year DECEMBED the 30 RICHARD SCATTERGOOD D. 19 66 with the July (Type or print) DEATH IF UNDER 1 YEAR S SEX 6 COLOR OR RACE AGE (In years F UNDER 24 HRS 7 MARR ED NEVER MARRIED R DATE OF BIRTH Months Days Hours male caucasian WIDOWED X DIVORCED Aug. 10, 1903 haurs eyen: CV puo. 100 USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11 BIRTHPLACE (State or foreign country) 12 CT ZEN OF WHAT during most of working life, even if retired)
Purchasing Agent USA TRY? Penna. e, writing the ward 'pending in pencil in farwarded to the Chief Medical Examiner's 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME This certificate shauld be executed within Landadown, Pa. Joseph Scattergood A lice Darlington 프 and WAS DECEASED EVER N L S ARMED FORCES? 16 SOCIAL SECURITY NO. Mrs. Edward Carson Landsdown, Pa. permit. (Yes, no, or unknown) (If yes give wor or dotes of service) remayal, 173-07-3050 Yes 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) INTERVAL BETWEEN burial-transit PART I DEATH WAS CAUSED BY ONSET AND DEATH MMEDIATE CAUSE (o) Arteriosclerotic heart disease Ь s a burial-tra writing the ward 4200 DUE TO Conditions, if ony, which gove rise to immediate couse (a). DUE TO stating the underlying couse burial, a lost nsed PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS ALTOPSY PERFORMED? please execute the certificate. YES X NO 0 pe 200 EXTERNAL CAUSE WAS 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of norty in Port or Port 1 of item 18) should agent, priar PRIMARY OF CONTRIBUTING 4 should L'AL EXAMINER: CAUSE OF DEATH. MEDICAL 20e PLACE OF INJURY (Home, form 20c. TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED (City or fown) (County) (Stote) Hour o.m. foctory, street, office bldg, etc.) may be retained for your FUNERAL DIRECTOR: Page ot work of work designated 21. I certify that I took charge of the remains described above, held an Autapsy Inspection Inquiry and in my apinion death resulted fram. Natural causes 3 Addident | Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE TO DEPUTY 7/31/66 DEPUTY MEDICAL EXAMINER Б **EXAMINER'S** Health Charles S. Petty Address (Street, city, town, or county) NAME (Type) NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 230 BUR AL, CREMATION DATE THEREOF (Stote) (County) 0 Burial (Specify) 8/3/66 Rosedale Friends West Chester Chester Pa. 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR Grant Funeral 2So REC'D BY REGISTRAR VR A15ME (5) North East, Md DATE AUG

6M 1/66

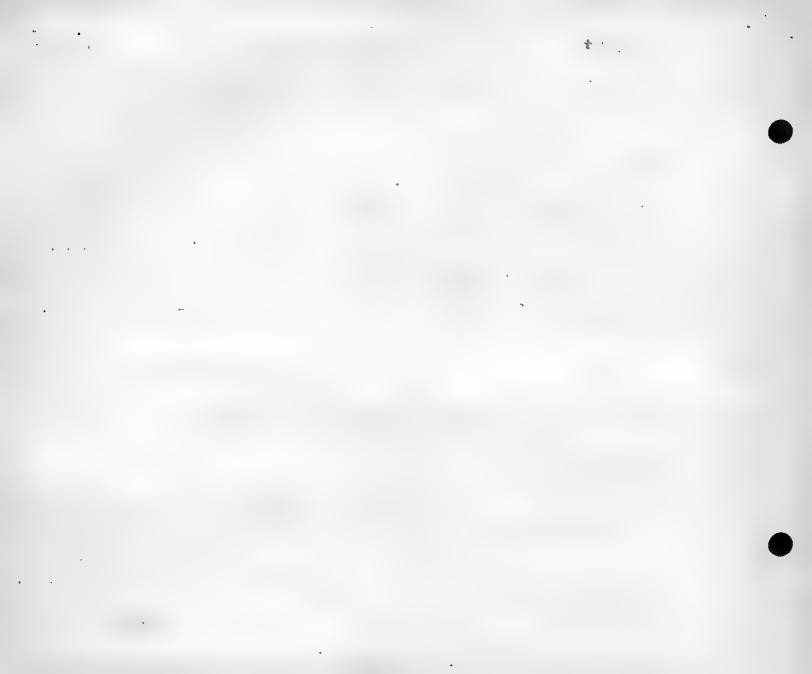
1986



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH funeral and 2 death. 24 hours after death. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY Pages 1 b. COUNTY Conti Marviand MARYLAND CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) C. LENGTH OF STAY IN 1b Perry Point Frostburg d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) e. IS RESIDENCE ON A FARM? SPRING STREET Veterans Administration Hospital YES NO 🔽 within completely NAME DE Middle DATE Month Last Dav Year remove carbo DECEASED CHARLES STORS (Type or print) DEATH July 73 19 executed 5. SEX DATE OF BIRTH AGE (In years | IFUNDER 1 YEAR | IFUNDER 24 HRS 6. COLOR OR RACE 7. MARRIED A NEVER MARRIED last birthday) Months I Male White WIDOWED | 1-1-90 DIVORCED [1Da. USUAL OCCUPATION (Give kind of work done | 1Db. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY COUNTRY? Miner Co.al Frostburg, Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 书书本并本书本 GEORGE HESTER TOMLINSON 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. | 17. INFORMANT Address (Yes, No. or unkown) \(() If yes give war or dates of service) 217-48-1310 VA Hoprital Records, Perry Point, Mi. 18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c), l INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Rupture of heart sudden IMMEDIATE CAUSE (a). burial-tı burial, ı DUE TO Myocardial infarction, left ventricular days Conditions, If any, which gave rise to immediate **DUE TO** cause (a), stating the Arteriosclerotic heart disease underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY for use Health r PERFORMED? NO [YES [2Da. ACCIDENT WAS UNDERLYING DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part 1 or Part 11 of Item 18.) OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year 2Dd, INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Hour a.m. While Not While at work at work the S 21. I certify that (V (this hospital) attended the deceased from December 109 28 to July 13 19.66, that the week last DIRECTOR: age 3 should led with the 22a. SIGNATURE 22b. DATE SIGNED page filed DIRECTOR 7-14-66 204 M.D. PHYS. FUNERAL PHYSICIAN'S TO FUNERAL director, p should be 22d. THOMPSON. Hospital. Perry Point, Md 23a. BURIAL, CREMATION, REMOVAL (Specify) 23d. LOCATION (City, town or county) (State) 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY FROSTBURG 25a. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGN Home, Frostburg, Moryland VR A15 (4) 20M 1/65

B/.1		Division of STATISTICAL RES		I W. PRESTON STRE		ND 21201
i NE	L	09817	CERTIFICATE	OF DEATH		0.9815
funeral funeral		PLACE OF DEATH o. COUNTY Cecil	MARYLAND	2 USUAL RESIDENCE (W o. STATE Mary:	there deceosed lived, if institution b. COUNTY	
ours aft by the Pages ours off		b CITY OR TOWN (If outside corporate limits write RURAL and give neorest town) PETRY POINT	c LENGTH OF STAY IN 16	Perr	tside corporote limits, write RURAI y Point	/
ote be executed within 24 hours affician and completely filled in by the lease remove corbon papers. Page and in any event, within 72 hours of		d NAME OF HOSPITAL OR INSTITUTION (If not in haspital VA Hospital		d. street address 1083		e is residence on a farm? yes \[\] no \[\]
ecuted with completely flove corbon y event, wit		NAME OF First DECEASED (Type or print) Norva.		Smith	4. DATE Month OF DEATH JU	_
e execution on comparation comparation on the comparation of compa	S.	Male White WIDOWE	DIVORCED	8 7 21	lost birthdoy)	IF UNDER 1 YEAR IF UNDER 24 HRS. Months Doys Hours Min.
icote be rsician ar please r II, ond in	dur	ing most of working life, even if retired) Dentist	KIND OF BUSINESS OR INDUSTRY Deabist	Baltimo		12 CITIZEN OF WHAT COUNTRY? U.S.A.
certific	L	Francis E. Smit			ell Young	
ottenetiti ottenetiti permition, or re	(A €	x, no, or unknown) (If yes give wor or dates of service) Yes WWII	215-16-21-20 V	NFORMANT A Hospital 1	Address Records - Perry	Point, Md.
that the on. by the onsit p		IB. CAUSE OF DEATH (Enter only one couse per lige f PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	or (o), (b), and (c))	lucian		INTERVAL BETWEEN ONSET AND DEATH
IDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death 15 by the hospital ar otherding physician. After this certificate has been signed by the otherding physician and completely filled in by the funeral 15 be detached for use as the burial-transit permit please remove corban papers. Pages 1—and 2 state Dept. of Health prior to burial, cremation, or expert), and in any event, within 72 hours after death		Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost.	enterioreli	w tee / pea	if Liceas	sica f
	CATFON	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING				19. WAS AUTOPSY PERFORMED? YES NO
	IL CERTIFICATION	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in P	art I ar Port II of item 1B.)	
DING PHYSICIAL by the hospitol After this certifice be detached for State Dept. of He	MEDICAL	Hour o.m. White p.m. 19 of w	le Not While facto	E OF INJURY (Home, form, ory, street, office bldg., etc.)		(County) (State)
TENDII ined b OR: Aft ould b	П	21. I certify that (#) (this hospital) attended to the control of	nded the deceosed from \times \times \ti	deoth occurred of	9, to <u>7_23_66</u> -25p_M, from couses ar	
O HOSPITAL OR ATTENDING Page 4 may be retained by the O FUNERAL DIRECTOR: After the director, page 3 should be dishould be filed with the State		220. SIGNATURE	afeld M.C	PHYS.	MED STAFF DIRECTOR PHYS.	7 23 66
O HOSPITAL Page 4 moy O FUNERAL I director, pag should be fil		22c PHYSICIAN'S NAME (Type) BENJAMIN	ROTHFELD	11/14/		erry Point, Md.
TO HOSPI' Page 4 m TO FUNER director, should b	_ ^	BURDAL CREMATION 23b. DATE THEREOF REMOVAL Specific 196		tional Com		Maryland
VR A15 (4) . (2) M 1/66	24	PATTERSON FUNERAL HOME	- Perryville,			STRARS SIGNATURE Cleanley Jusge

BA.



A Constant	Item 18 part 2 Film C. MARYLAND STATE DE Division of STATISTICAL RESEARCH AND RECORDS, 30	ÉPARTMENT OF HEALTH DI W. PRESTON STREET, BALTIMORE, MARYL	AND 21201
FOR STATE		CERTIFICATE OF DEATH	09816
HEALTH DEST.	1. PLACE OF DEATH O COUNTY Gecil MARYLAND	2. USUAL RESIDENCE (Where deceosed lived, if institution o. STATE b. COUN	on: Residence before admission) (TY Cecil
after death. If any delay 8. Give Pages 1, 2, and 3 along with farm PM3 Pagwith the State Department, with the State Department, within 72 hours after deals	b CITY OR TOWN (.f outside corporate limits write RURAL and gave negrest town) EIKton	c. CITY OR TOWN (If outside corporate limits, write RUR E1kton	
If only 1, 2, Irm P Departure off	d. NAME OF HOSP TAL OR INSTITUTION (if not in hospita, give street oddress)	d STREET ADDRESS	e IS RESIDENCE ON A FARM?
uth. Inges h far h far hau	Union Hospital NAME OF MASTE FIRST	Rd #1	YES NO 🔀
after death. 8. Give Page alang with family served with the State within 72 ha	(Type or print) Strouge Lester	Roy DEATH 7	4 9 66
rs after 18. Giv e alang 2 with	S SEX 6 COLOR OR RACE 7 MARRIED NEVER MARRIED DIVORCED DIVORCED	8 DATE OF BIRTH 9 AGE (In years last birthdoy) SEPT 6 - 16 40 49 yrs	Months Doys Hours Min.
4 haurs In Item 18 S Office of a land 2 v	100 USUA. OCC. PATION (Give kind of work done during most of working life, even if retired) TROCK DRIVER 100 KIND OF BUSINESS OR INDUSTRY WASON LDIMON 4	11 BIRTHPLACE (State or foreign country)	12 CITIZEN OF WHAT COUNTRY?
ithin 24 iencil in iminer's rages	13 FATHER'S NAME	14 MOTHERS MAIDEN NAME AARRY CROUSE	1 04 7 337 .
uted with gg in pen cal Exami mit me	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 LYES, No. or unknown) lift yes give wor or dotes of service)	INFORMANT Addres	EKKIVIT
This certificate should be executed within 24 haurs icate, writing the ward "pending" in pencil in Item 15 be forwarded to the Chief Medical Examiner's Office de used as a burial-transit permit riterages land 2 is to burial, cremation, ar remaval and it is any event	18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), ond (c).) PART I. DEATH WAS CAUSED BY. IMMEDIATE (AUSE (o) Arteriosclerotic	*	INTERVAL BETWEEN ONSET AND DEATH
ward ' ward ' the Chi rial-trai	DUE TO	Cardiovascular disease	
ficate shing the ded to as a bunt, crema	rise to immediate couse (a), stating the underlying couse lost. (c)		
certific writin orward used a buriat,	PART I OTHER SIGNIFICANT CONDITIONS CONTRIBITING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0)	19 WAS AUTOPSY PERFORMED?
4 _ = 0	Acute ethylism. 200 EXTERNAL CAUSE WAS PRIMARY I OF CONTRIBUTING CAUSE OF DEATH CAUSE OF DEATH	(Enter nature of injury in Port or Port II of item 18)	YES 🔀 NO 🗌
O DEPUTY MEDICAL EXAMINER: This certificate should be execute necessary, please execute the certificate, writing the ward "pending the funeral director. Page 4 should be forwarded to the Chief Med ca 5 may be retained far your files. O FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit Health ar its designated agent, priar to burial, cremation, ar remaval	3 20c, TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED 20e PLA	ACE OF INJURY (Home, form, 20f (City or town) ctory, street, office bldg , etc.)	(County) (Stote)
AL EXA execute or. Page of for you TOR: Page	21. I certify that I taak charge of the remains described above, he	eld an A <u>utapsy</u> 🗓 , Inspection 🔝 Inqu	iry . and in my apinior
Se exertar. ned f	death resulted from <u>Natural causes</u> X, <u>Accident</u> , Sun	cide, Homicide, Undetermined mo	onner 🔲
JTY MEDICAL INT. please e eral director be retained ar rits design or its design	SIGNATURE Allower L. 2	M.D ASS STANT MEDICAL EXAMINER &	22. DATE SIGNED
o DEPUTY MEDICAL EXAM necessary, please execute the funeral director. Page 4 5 may be retained for your D FUNERAL DIRECTOR: Page Health or its designated age	EXAMINER'S Werner U. Spitz M.D.	DEPUTY MEDICAL EXAMINER Address (Street, city, town, or county)	7/5/66
TO DEPL necessa the fun 5 may TO FUNEI Health	230 BUR AL (REMAT ON, PREMOVAL (Specify) 7-7-66 RESENBRUM	1	, , , , , ,
VR A15ME (5)	24 FUNERAL DIRECTOR ADDRESS DIDDILL FILLERAT HOME A MADRESS	2So REC D BY REGISTRAR 2Sb REG	GISTRARS SIGNATURE

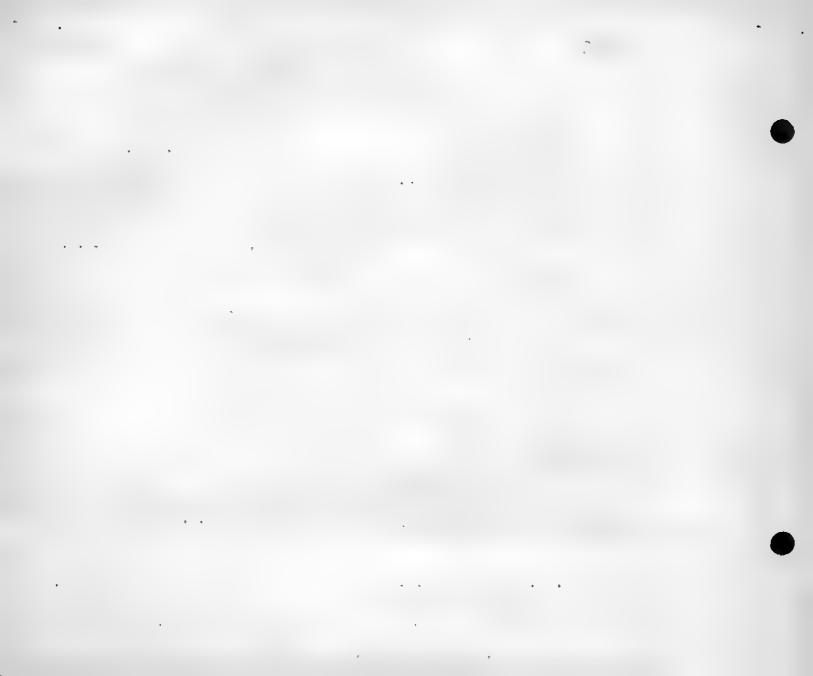


MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived if institution. Residence before admission) a. COUNTY o. STATE Maryland 2, and 3 ta PM3 Page b. COUNTY CECIL Ceci1 after death. Department b. CTY OR TOWN (If outside carparate imits, write RURAL and give nearest fown)

Rural - Northeast C LENGTH OF STAY IN 16 c CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town) Northeast 2 hrs. d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e IS RESIDENCE ON A FARM? alang with form within 72 haurs 114 Penna. Ave. in Item 18. Give Pages NO.K 24 haurs after death PATE conounced July 3. NAME OF Middle First last Day DECEASED WANZER ROBERT CALVIN 11 19 66 (Type or print) S SEX 6 COLOR OR RACE B. DATE OF BIRTH F UNDER 1 YEAR IF UNDER 24 HRS 7 MARRIED NEVER MARRIED 9. AGE (n years Jost birthdoy) Months Haurs Male Davs Negro 4-18-24 WIDOWED D VORCED Office 10a JSUAL OCCUPAT ON (Give kind of work done 10b K ND OF BUSINESS OR 11 BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT during mast of warking life, even if retired) USA COUNTRY? INDUSTRY Maryland Construction Medical Examiner's Laborer OTIV 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME be executed within in pencil Susie M. Sanders George W. Wanzer gud 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOC A. SECURITY NO 17 INFORMANT Box 14 pending" a burial-transit permit cremation, ar remaval, (Yes, no, or unknown) (If yes give wor or dates of service) 212-18-1924 Eula J. Wanzer North East, Md. 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY: ONSET AND DEATH Drowning IMMEDIATE CAUSE (a) writing the ward This certificate should DHE TO Conditions, if any, which gave rise to immediate couse (o), DUE TO stoting the underlying cause used as burial, c PART II OTHER S GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPS PERFORMED? YES X h0 its designated agent, priar ta 200 EXTERNAL CAUSE WAS PRIMARY Z. or CONTRIBUTING 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Part II of Item 1B.) Fell out of boat CAUSE OF DEATH 20c TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED > 20e PLACE OF INJURY (Hame, farm, 20f (City or town) (Caunty) (Stote) factory, street, office b dg. etc.)
River While of work of work FUNERAL DIRECTOR: Page 8:00 pm July 9, 19 66 Northeast River Cecil. Md. 21. I certify that I took charge of the remains described above, held on Autopsy [X]. Inquiry Inspection . ond in my opinion deoth resulted from: Natural couses , Accident . Suicide 🗍 Undetermined monner Homicide may be retained CHIEF MEDICAL EXAMINER X **ACTUAL** 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE TO DEPUTY TO FUNERAL Health or i DEPUTY MEDICAL EXAMINER July 11, 1966 **EXAMINER'S** Russell S. Fisher, M.D. NAME (Type) Address (Street, city, tawn, or county) 23c NAME OF CEMETERY OR CREMATORY BURIAL, CREMATION, 23b. DATE THEREOF 23d LOCATION (City or Town) (County) REMOVAL (Specify) 7/14/66 North East, Mi. Mt. Carmel Bapt. Com. Cecil Co. Burial 24 FUNERAL DIRECTOR 25g REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE VR A15ME (5) 3 1966 6M 1/66



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH CV death, requires that the death certificate be executed within 24 hours after death. attending physician and campletely filled in by the funeral permits—then please remave carban papers. Pages I and 2 USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) PLACE OF DEATH a. COUNTY a. STATE DISTRICT OF COLUMBIA Cecil ve carban papers. Pages 1 event, within 72 hours after MARYLAND c LENGTH OF STAY IN 16 b CITY OR TOWN (If outside corporate limits, c. CITY OR TOWN (If autside corparate limits, write RURAL and give nearest tawn) write RURAL and give nearest town Point 26 days Washington e IS RESIDENCE ON A FARM? d NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d STREET ADDRESS VA Hospital 1334 Harvard St. N.W. YES NO Ex NAME OF Eist Middle Last 4 DATE Month Day Year DECEASED Thomas J. Webster July 11 19 66 DEATH (Type or print IF UNDER 24 HRS S SEX 6 COLOR OR RACE B. DATE OF BIRTH AGE (In years IF UNDER YEAR 7. MARRIED NEVER MARRIED lost perhacy) Months Days Hours Male 11 13 24 and in any Negro WIDOWED DIVORCED 10a USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12 CITIZEN OF WHAT during most of working life, even if retired) COUNTRY? INDUSTRY Catlett. Virginia Laborer 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME Alfred Webster Hattie Rov IS WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT permit (Yes, no, ar unknown) (If yes give war ar dates af service)
Yes WW II 224-20-31-68 VA Hospital Records - Perry Point, Maryland burial, crematian, INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c),) signed by the burial-transit p PART I. DEATH WAS CAUSED BY: ONSET AND DEATH Congenital polycystic kidney IMMEDIATE CAUSE (a) attending physician. DUE TO Canditians, if any, which gove rise to immediate cause (a), DUE TO stating the underlying couse has been see as the the prior to b last. WAS AUTOPSY PERFORMED? PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) for use Health p NO X Page 4 may be retained by the haspital ar this certificate 20g ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part II of item 1B.) OR CONTRIBUTING CAUSE OF DEATH directar, page 3 shauld be detached should be filed with the State Dept. of (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Home, form, (City or town) (County) (Stote) 20c. TIME OF INJURY Month, Day, Year Hour a.m factory, street, office bldg., etc.) at wark at work O FUNERAL DIRECTOR: After 0 I5 00 21 I certify that (4) (this hospital) attended the deceased fram. 22b. DATE SIGNED 22a. SIGNATURE ATTENDING STAFF PHYS. 7 11 66 M.D. PHYS. DIRECTOR 22d, ADDRESS 22c. PHYSICIAN S E. FOLK NAME (Type) III. M.D. VA Hospital - Perry Point, Md. 23d. LOCATION (City or Town) 23g BURIAL, CREMATION 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY (County) (Stote) REMOVAL (Specify)
Removal Ft Mver. Virginia Arlington National 25b. REGISTRAR'S SIGNATURE 25a REC'D BY REGISTRAR 24. FUNERAL DIRECTOR VR A15 (4) 20 M 1/66 13pg McGuire Funeral Home √ashi



DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH death, funeral PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. COUNTY b. COUNTY after fer the Cecil etely filled in by the bon papers. Pages , within 72 hours afte. District of Columbia. MARYLAND b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town hours Perryville 6 days Washington, D.C. d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? VAH Perry Point. Md. 416 K Street, N.W. NO X YES etely executed within carbon 3. NAME OF First Middle Last DATE Month Year Day DECEASED OF DEATH event, 1 Jeff comple Williams (Type or print) none July 19 66 5. SEX 6. COLOR OR RACE 8. DATE OF BIRTH 7. MARRIED AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS NEVER MARRIED last birthday) Months Days Hours and 9-15-12 Male WIDOWED DIVORCED [Negro attending physician a srmit. Then please re in, or remoyal, and in 10a. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR Ξ 12. CITIZEN OF WHAT COUNTRY? 11. BIRTHPLACE (County & State, or foreign country) during most of working life, even if retired) certificate be INDUSTRY Laborer Pell Mell. S.C. IISA 13. FATHER'S NAME MOTHER'S MAIDEN NAME George Williams Mary Wise 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unkown) (If yes give war or dates of service) 16. SOCIAL SECURITY NO. 17. INFORMANT Address permit. death cremation, 578-38-9386 Yes VA Hospital records. Point. Perry the 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c),] burial-transit burial, cremat INTERVAL BETWEEN The law requires that the DASET AND DEATH signed by PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a). attending physician. Broncho pneumonia.confluent due to Tracheo-Esophageal fistuladue to carcinoma of esophogus 150 DUE TO Conditions, if any, which (b) been gave rise to immediate as the prior to DUE TO cause (a), stating the underlying cause last. has CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY for use Health certificate PERFORMED? the hospital or YES X NO I PHYSICIAN: 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of Injury in Part | or Part || of Item 18.) r this cert detached jo OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) Dept. 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, (State) 20f. (City or town) (County) State factory, street, office bldg., etc.) Hour a.m. After While Not While 19 p.m. at work at work retained should 66xthatxthchrendast 21. I certify that (I) (this hospital) attended the deceased from DIRECTOR: age 3 should led with the servibe deceased alive one expenses and that death occurred at 4: 10M, from the causes and on the date stated above. SIGNATURE DATE SIGNED page ATTENDING MED. STAFF PHYS. DIRECTOR O HOSPITAL FUNERAL director, p 22d. ADDRESS NAME (Type) BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) REMOVAL (Specify) Baltimore National 7-4-66 Baltimore, Maryland REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR **ADDRESS** 25a. Washington St., VR A15 (4) 20M 1/65

MARYLAND STATE DEPARTMENT OF HEALTH

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ARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL FESSARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND LEXAMINER'S PLACE OF DEATH 2. USUAL RESIDENCE (Where decreesed lived, If institution: Residence before edmission) e. COUNTY MARYLAND b. CITY OR TOWN (if outside corporete limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporete limits, write RURAL and give nearest town) write RURAL and give nearest town! PERRY POINT 19 hours WASHINGTON d. NAME OF HOSPITAL OR INSTITUTION (il nol in hospital, give street eddress) d STREET ADDRESS e. 15 RESIDENCE ON A FARM? ADMINISTRATION HOSPITAL Connecticut YES NO X Avenue 3. NAME OF Middle DATE Dev Year DECEASED (Type or print) DEATH WITTITAMS 1966 PONNER JAMES .TULY 5. SEX 6. OLOR OR RACE 7. MARRIED X NEVER MARRIED 8. DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. lest birthday) Months Dave Hours MATE JANUARY WIDOWED F DIVORCED 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) U.S.A CUSTODIAN NORTH CAROLINA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME JAMES WILLTAMS MARY VILLIAMS 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Address (Yes, no, or unkown) | (Ifyesgivewerordetesofservice) VA RECORDS PERRY POINT, MARYLAND WW II 18. CAUSE OF DEATH (Enter only one cause per line for (e), (b), and (c),) INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY: DIO VASCULAR DIFASE IMMEDIATE CAUSE (a) Conditions, if any, which gave risa to immediate cause DUE TO (e), steting the underlying Acute Glomerulonephritis cause lest. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19. WAS AUTOPSY CERTIFICATION PERFORMED? YES X NO 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, lenter neture of injury in Pert I or Pert II of item 18.) PRIMARY OF CONTRIBUTING CAUSE OF DEATH. Writing the Chief / Chief / Sage 3 s MEDICAL 20c. TIME OF INJURY 20d. INJURY OCCURRED | 2De. PLACE OF INJURY (Home, ferm, Month, Day, Year 2Df. (City or town) (County) (State) fectory, street, office bldg., etc.) Not While While Hour e.m. et work at work 21. I certify that I took charge of the remains described above, held an Autopsy Inspection K Inquiry and in my opinion CAL death resulted from: Natural causes Suicide Undetermined manner Accident CHIEF MEDICAL EXAMINER ACTUAL should be ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY ö EXAMINER'S NAME (Type) 22e. BURIAL, CREMATION. 225. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION REMOVAL (Specify) McIver Funeral Home Jacksonville. North Carolin Removal VR A15ME 5M 1/62 Wash

, William State of the Control of the ROSTELL SELVE SELVE TO SEE AND AND THE PERSON OF T 1. 1. A. B. B. B. B. C. drawer with Markey and a very a property of the LIVER WAS A TO PROPERTY. The Late of the County of the Ten R. P. Daries CHESTIETS THE THE REPORT OF THE PERSON OF ANY CONTRACTOR OF THE PERSON O